

EMERGENCY AUTHORIZATION INFORMATION (2009-2010)

(Please Print)

Student Name _____ Birthdate _____

Parent/Guardian 1 _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2 _____

Home Phone _____ Work Phone _____ Cell Phone _____

IN CASE OF EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE CONTACT:

1) Contact Name and Relationship to
Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

2) Contact Name and Relationship to
Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

3) Contact Name and Relationship to
Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

I give permission to Spring Hill School to make whatever emergency (e.g., first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child while under supervision of the school.

In the case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource, police or rescue squad deems necessary. The child will be treated and transported at the expense of the parents.

It is understood that in some medical situations that the staff will need to contact the local emergency resource before the parents, child's physician, and/or other adult acting on the parent's behalf.

Parent or legal guardian's signature

Date

Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred hospital for emergency use _____

Insurance Co. and Policy or Group # _____

Health Alerts (Allergies, Asthma, Diabetes, etc.) _____
