



MEDICAL EMERGENCY FORM

CHILD INFORMATION

NAME: _____ BIRTHDATE: _____
PARENTS: _____ PHONE: (home) _____
(work) _____
(cell) _____

DOCTOR INFORMATION

NAME: _____ PHONE: _____
ADDRESS: _____

MEDICAL INFORMATION

LIST ANY SPECIAL MEDICAL OR DIETARY INFORMATION:

EMERGENCY NUMBERS

NAME: _____ PHONE: _____
RELATIONSHIP TO CHILD: _____
NAME: _____ PHONE: _____
RELATIONSHIP TO CHILD: _____

MEDICAL TREATMENT PERMISSION

In the event of an emergency, I give the staff of My School permission to take _____ to a doctor, dentist or hospital for treatment.

X _____ Date: _____
(signature of parent or guardian)