

# JET

## Student Emergency Contact and Medical Information 2020-2021

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST, ZIP Code

\_\_\_\_\_  
City, ST, ZIP Code

---

### Alternative Emergency Contacts

---

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST, ZIP Code

\_\_\_\_\_  
City, ST, ZIP Code

More on back

## Medical Information

---

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Allergies/Special Health Considerations

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

I release JET, its staff, and volunteers from liability in case of accident related to JET Educational Center including after school classes, field trips and activities.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date