

Ascension School 2010-11

Grade _____ Room _____

To be completed by parent/guardian for each child and submitted to the school annually

MEDICAL AND EMERGENCY NOTIFICATION INFORMATION
AUTHORIZATION FOR MEDICAL TREATMENT

STUDENT NAME	DATE OF BIRTH	GRADE	LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

PLEASE PRINT

Parent/Guardian _____ Parent/Guardian _____

Home Phone () _____ Work () _____ Home Phone () _____ Work () _____

Cell Phone () _____ Cell Phone () _____

Family Address: _____

FAMILY e-mail address: _____

*** Parent/student home phone and address **MAY** _____ or **MAY NOT** _____ be published in the Student Directory. Please check the appropriate answer. No choice indication will be interpreted as permission to publish this information.

Name of Student's Physician _____ Phone () _____

Address _____ City _____ State _____

Medical Insurance Provider _____ Policy Number _____

EMERGENCY CONTACTS IN CASE PARENT/GUARDIAN CANNOT BE REACHED:

Name: _____ Relationship: _____

Phone #1 () _____ Phone #2 () _____

Name: _____ Relationship: _____

Phone #1 () _____ Phone #2 () _____

MEDICAL RELEASE - In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

THIS FORM WILL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO UPDATE EMERGENCY INFORMATION AS NECESSARY BY NOTIFYING THE SCHOOL OFFICE