

EMERGENCY MEDICAL CONSENT 2018-2019 SCHOOL YEAR

Student Name (First, Middle and Last) _____ Grade _____

Date of Birth _____ City & State of Birth _____

Parent/Guardian Name (Mother & Father) _____

Mother's Date of Birth _____ Father's Date of Birth _____

Address _____

Mother's Cell Phone _____ Work Phone _____

Father's Cell Phone _____ Work Phone _____

Who is the student living with _____

Employer - Father _____ Employer - Mother _____

Date of Last Tetanus Shot _____ Language spoken in the home _____

Family Physician _____ Phone _____

Hospital Preference _____

Insurance Company _____ Policy Number _____

Allergies _____

Medications, Etc. _____

District of Residence _____ Race _____ Ethnicity _____

(National Origin)

My child has my permission to go on all field trips/sporting events, which the school may sponsor for his/her group. I will be notified prior to each event with details concerning the trip.

In the event that during the school day or school sponsored-activity, an accident or illness occurs which, in the opinion of the Calhoun Christian School authorities, requires a physician's attention, and the school is unable to find either parent, the physician named above may be called to attend to our child named in this application.

In the event that the administration of an anesthetic or the performance of emergency surgery is necessary, and neither parent is available to give permission, we the parents or guardians, authorize and empower the administrator or faculty of Calhoun Christian School to act for us and to give such permission for the administration of an anesthetic or the performance of emergency surgery to our child. We also agree to accept responsibility for the cost of above medical services. It is understood that the permission granted is in force from the date of this application for the entire school year unless a legal substitute or we revoke the permission in writing.

Parent Signature

Parent Signature

Date