

# Emergency Information and Treatment Authorization Form

## Emergency Information Card

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Numbers:

Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

### Insurance Information:

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

Group Number \_\_\_\_\_ Policy/ID Number \_\_\_\_\_

**\*\*\*\*Please attach a copy of insurance card\*\*\*\***

\_\_\_\_\_

*In case of accident or serious illness, I request that the school to contact me. If the school is unable to reach me, or in the case of an emergency, I hereby authorize the school to make the proper arrangements and take the necessary action to treat my child.*

Allergies: \_\_\_\_\_

\_\_\_\_\_

Any other conditions or special instructions (i.e. asthma, diabetes, heat sensitivity, prior head injury, or heart conditions):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_