

EMERGENCY MEDICAL FORM

STUDENT'S NAME _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENTS' NAMES _____ CELL PHONE _____

HOME PHONE _____ WORK PHONE _____

In the event the parents cannot be contacted, please contact:

_____ at phone # _____

HEALTH INSURANCE _____ POLICY # _____

CURRENT MEDICATIONS _____

ALLERGIES _____

PREVIOUS ILLNESSES OR SURGERIES _____

NORTH CENTRAL CHARTER ESSENTIAL SCHOOL

EMERGENCY MEDICAL RELEASE FORM

I _____ agree to the participation of _____

[Parent or Guardian]

[Minor]

in the athletic programs offered by the North Central Charter Essential School. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunization for the above name person. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that the attending physician will make every reasonable attempt to contact me quickly and expeditiously. If said physician is unable to reach me, I authorize him/her to provide the treatment necessary for the well being of my child.

Parent/Guardian's Name

Parent/Guardian's Signature

Date