

# Emergency Medical Release Form 2019-20

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

1. Please list any disease, allergies, etc. that your child has

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2. Does your child have any unusual developmental and/or medical concerns? If so, please describe.

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3. In the event of an emergency, every effort possible will be made to reach a parent/guardian. Should we be unable to reach a parent/guardian, please list the names and phone numbers of two people whom we may contact in the event of an emergency.

a.

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(Name)	(Relationship)	(Phone Number)
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b.

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(Name)	(Relationship)	(Phone Number)
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I understand that I am not to bring my child to The Children's School at St. John's if he/she has a fever, constantly runny nose, rash, or any other potentially contagious illness. If the staff feels that my child is sick, I will be called to come and get my child.

In the event that a parent or guardian cannot be reached in an emergency, I hereby give my permission for the staff to secure any necessary medical attention for my child.

The hospital preferred by my insurance company is \_\_\_\_\_.

I certify that my child's immunizations are current and I will keep them up-to-date throughout the school year. (Please attach a copy of your child's current immunization record.)

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Signature of Parent/Guardian

Date