



# EMERGENCY MEDICAL FORM:

(This form will be kept in the office or in the vehicle, where the student is present)

PLEASE TYPE:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## EMERGENCY CONTACTS:

Parent / Guardian Phone Number #1 (1<sup>st</sup> call): **Name:** \_\_\_\_\_ **PH:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent / Guardian Phone Number #2 (2<sup>nd</sup> call): **Name:** \_\_\_\_\_ **PH:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent / Guardian Phone Number #3 (3<sup>rd</sup> call): **Name:** \_\_\_\_\_ **PH:** \_\_\_\_\_

Relationship: \_\_\_\_\_

## Allergies or Conditions that Paramedics and Physicians need to know about:

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Primary Physician or Pediatrician: \_\_\_\_\_ PH: \_\_\_\_\_

I understand as the parent / legal guardian that this form will ONLY be used and handed to the medics in the case of an emergency. By signing below, I give consent for my son / daughter to be treated by the trained professionals on scene and to contact me (us) at the numbers listed above.

Parent's or Legal Guardian's Signature: X \_\_\_\_\_