

## EMERGENCY PERMISSION CARD

The following information will be necessary in case of an emergency.

NAME OF STUDENT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

Father / Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_

Mother / Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_

### OTHER EMERGENCY CONTACT PERSONS

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Known Allergies / Health

Problems \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

**I HEREBY GRANT PERMISSION TO OBTAIN MEDICAL TREATMENT FOR MY CHILD. I HEREBY AUTHORIZE SERVICE BY ANY DOCTOR, DENTIST, OR HOSPITAL FOR THE HEALTH AND WELFARE OF THE ABOVE NAMED STUDENT.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent / Guardian)

Insurance Name of Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Subscriber Number \_\_\_\_\_

Group Number \_\_\_\_\_