

## STUDENT'S EMERGENCY TREATMENT RELEASE

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

Date of Birth: \_\_\_\_\_

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

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

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Activity Participating In: \_\_\_\_\_

In the event my child needs medical treatment, I hereby authorize treatment of the above named minor by a qualified and licensed physician. This authorization is valid only after reasonable effort has been made to contact me.

Signature: \_\_\_\_\_

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

### MEDICAL HISTORY

Student's Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Date of Hepatitis "B" Shots: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

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

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

Medications Taken Regularly: \_\_\_\_\_

\_\_\_\_\_

Are glasses worn? \_\_\_\_\_ Contact lenses? \_\_\_\_\_ Dentures? \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_