

School Emergency Contact and Medical Consent Form

Instructions: Please fill out this form completely. This document will be kept on file for emergency use and printed for student records.

Student Information

Student's Full Name: Date of Birth:

Grade Level: Homeroom Teacher:

Home Address:

Primary Emergency Contact

Contact Name: Relationship to Student:

Primary Phone: Alternative Phone:

Email Address:

Secondary Emergency Contact

Contact Name: Relationship to Student:

Primary Phone: Alternative Phone:

Email Address:

Medical Information

Primary Care Physician: Clinic Phone Number:

Health Insurance Provider: Policy / Group Number:

Known Allergies (Food, Drug, Insect, etc.):

Current Medications:

Chronic Medical Conditions / Concerns:

Medical Treatment Consent & Authorization

In the event of a medical emergency, I hereby authorize school personnel to take whatever emergency measures are deemed necessary for the care and protection of my child while under their supervision. This includes administering first aid and, if necessary, contacting local emergency services (EMS) and authorizing transportation to the nearest medical facility.

I understand that I will be contacted as soon as possible in the event of an emergency. Any medical expenses incurred will be the responsibility of the parent or legal guardian.

Parent/Guardian Printed Name:

Parent/Guardian Signature (for print):

Date: