

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____

Phone : _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Specific Medical Information:

The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations–Date of last tetanus/diphtheria immunization:

Does child have a medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: