

# EMERGENCY/HEALTH STUDENT FORM

**Child's Name:**Click or tap here to enter text.

**Parent's Name:**Click or tap here to enter text.

**Email Address:**Click or tap here to enter text.

**Child's Physician:**Click or tap here to enter text. **Phone No.**Click or tap here to enter text.

**Preferred Hospital:**Click or tap here to enter text.

**I Give Permission for Emergency Medical Treatment:** Click or tap here to enter text.

**Additional People In Case of Emergency:**

**Name:**Click or tap here to enter text. **Phone. No.**Click or tap here to enter text.

**Name:**Click or tap here to enter text. **Phone No.**Click or tap here to enter text.

**Medical Information:**

**Allergies:**Click or tap here to enter text.

**Reaction:**Click or tap here to enter text. **Treatment:**Click or tap here to enter text.

**Name of any medication taken on a regular basis:**Click or tap here to enter text.

**Reason for medication:**Click or tap here to enter text.

**Additional medical information including hospitalizations or any post hospital difficulties:**

Click or tap here to enter text.