

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.