

EMERGENCY MEDICAL TREATMENT FORM

Although we do not anticipate having any medical emergencies, we must be prepared for them. In case of emergency, we will call you before any treatment, if time permits. Please completely fill out TWO of these forms. One for the bus your child rides and one for a master file.

FATHER'S PLACE OF EMPLOYMENT _____

MOTHER'S PLACE OF EMPLOYMENT _____

FATHER'S WORK NUMBER _____ MOTHER'S WORK NUMBER _____

NAME OF FAMILY INSURANCE COMPANY _____

POLICY NUMBER _____ NAME POLICY IS IN _____

PLEASE LIST ANY OTHER NAMES AND PHONE NUMBERS IN CASE OF EMERGENCY

MEDICAL INFORMATION

PLEASE LIST ANY MEDICATIONS OR CONDITIONS _____

NAME OF FAMILY DOCTOR _____ PHONE _____

IS YOUR CHILD ALLERGIC TO ANY MEDICATION? PLEASE LIST: _____

THIS FORM MUST BE COMPLETELY FILLED-OUT AND NOTARIZED BEFORE YOUR CHILD CAN PARTICIPATE WITH THE BAND

BOTH THESE FORMS ARE DUE FRIDAY, JULY 20, 2012

PRINTED PARENT NAME: _____

PARENT'S SIGNATURE _____

PRINTED STUDENT NAME _____

STUDENT'S SIGNATURE _____

NOTARY'S SIGNATURE _____

DATE _____

PARENT E-MAIL ADDRESS: _____