



Summer
School 2017

Summer School Accident/Illness Release Form (Emergency Information)

In case of an accident or illness during the school day or on school-sponsored field trip, school personnel will make every effort to contact parent/guardian to apprise them of the circumstances and seek direction for emergency medical care. If unable to contact parent/guardian, parent/guardian hereby authorizes the Headmaster, Head of School, or a designated staff person to seek and affect emergency medical care as required, which may include emergency room treatment, hospitalization, surgery, X-rays, and/or medication.

Student's Name: _____ Date of Birth: _____

1. Name of Insurer: _____ Policy Number: _____

2. Physician's Name: _____ Phone: _____

3. Hospital: _____

4. Medications taken regularly by student: _____

5. Is the student allergic to any medicine(s)? No Yes If yes, please explain: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Mother/Guardian: Home Phone: _____ Work: _____ Cell: _____

Father/Guardian: Home Phone: _____ Work: _____ Cell: _____

Alternate person(s) to be contacted if parent/guardian cannot be reached:

<u>Name</u>	<u>Relationship</u>	<u>Day or Cell Phone</u>
_____	_____	_____
_____	_____	_____

My child may be released to:

<u>Name</u>	<u>Relationship</u>	<u>Day or Cell Phone</u>
_____	_____	_____
_____	_____	_____

My son/daughter carools with:

<u>Name</u>	<u>Relationship</u>	<u>Day or Cell Phone</u>
_____	_____	_____

Parent/Guardian Signature

Date