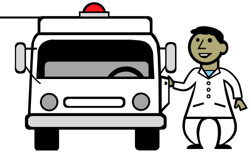
EMERGENCY TREATMENT FORM FOR YOUR CHILD

(PLEASE PRINT NEATLY AND CLEARLY)
Full Name of Child____
(last) (first) (middle)
Address:____
Date of Birth:________________________________ Age:____________________
(month) (day) (year)



Date of Last Tetanus Shot:_______________________
Chronic Medical Problems or Allergies:____
____
Medications Taken on-going Basis: ____
Family Doctor: ______________________________Telephone: ___________________
Health Insurance Policy: _____________________________
Policy Number: ______________________
Policy Holder's Name: ______________________________
Phone Numbers of Parent or Guardian
Father: _______________________ Mother: _________________________
Other Remarks:____

AUTHORIZATION BY PARENT OR GUARDIAN TO PROVIDE MEDICAL CARE FOR A MINOR CHILD

Name of Child: ____
(last) (first) (middle)
Full Name of Father: ____
Full Name of Mother: ____

In the event of sickness or accident, the sponsors and/or chaperones are granted the permission to seek any and all medical attention for the above named child. Also, I grant the permission to give any and/or all needed medical care and treatment to the child to any medical facility and/or physicians that are licensed to provide this care and approved by the sponsor and/or chaperone. This permission is granted in the absence of me/us as the parent or guardian of the minor child.

Signature Parent/Guardian
Father: ____
Address: _______________________________________Phone: _________________
Signature of Parent Guardian
Mother: _______________________________________
Address: _______________________________________Phone: _________________

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Signature of Notary Public

Please return this form back to school (teacher)

<u>CONTINUE ON BACK</u>

At times, students require minor medical attention. Please complete the following items.

- My child gets motion sickness YES______ NO______
- My child needs an inhaler YES______ NO______

I give sponsors/chaperones permission to give my child the following:

- Tylenol YES______ NO______
- Diarrhea Medication YES______ NO______
  Immodium-D
- Motion Sickness Medication YES______ NO______
  Dramamine
- Upset Stomach Medication YES______ NO______
  Pepto Bismol

LIST ANY BRAND NAME MEDICATIONS YOUR CHILD CAN NOT TAKE

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

I understand that I will provide all prescription medications. I will also provide non prescription medication that must be taken on a daily basis.

The medication must be:

- **Placed in a small one-zip bag**
- **On a small index card put child's name, medication and clear instructions**
- **Tape this to the inside of the bag**
- **Medication must be in original bottle/container**

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