

EMERGENCY CARE FORM

PLEASE NOTE: Students without Health Forms will not be allowed to board bus, therefore, please complete this form as comprehensively as possible. Please write legibly. ALL INFORMATION SUPPLIED IS KEPT CONFIDENTIAL!

Student's Name (first and last)_____ DOB_____ Age_____

Street Address_____ Town_____ Zip_____

Phone_____ Sex: M F

Name of Parent/ Guardian_____ Phone_____

Illnesses/ Accidents in Past Year

Physical Limitations that Would Prevent 100% Participation

Allergies_____

Medications_____

Addl' Medical Info

Emergency Phone #s:

1) Name_____
Relationship_____
Phone_____

2) Name_____
Relationship_____
Phone_____

Physician_____ Phone_____

(X) as necessary: Glasses____, Contacts____, Capped Teeth____, Braces____

If there is a pool in the hotel, I **do/ do not** (circle one) give permission for my child to swim.

In the event of illness and/ or injury, I hereby give my consent for medical treatment of my child,
_____ by the professional staff (nurse and/ or hospital).

Sign_____ Date_____
Relationship_____

Insurance Company_____
Policy/ Group #_____