Authorization for Emergency Medical Care

Childs information:

Last Name _____ First Name _____ MI _____

Address _____
Number Street City State Zip

Age _____ Date of Birth ____/____/____ Home Phone (___) ____-_____

Latex Allergy: YES NO Drug Allergies: _____
_____

Medical History: _____
_____

Medications and Dosages: _____

Pediatrician or Physician: _____ Phone: (___) ____-____

Insurance:
Health Insurance: YES NO Policy Holder: _____

Policy Name: _____ Policy Number: _____

Additional Insurance: _____

Emergency Contact Numbers:
Primary Contact: _____ Phone: (____) ____-_____

Father work phone: (___) ____-_____ Mother work phone: (___) ____-_____

I hereby appoint the Staff of Deer Creek Christian School as my agent and representative for the purpose of authorizing and consenting to any and all emergency care for the above mentioned child while said child is in said individual's custody between the dates of Sept. 200__ and June 200__.

Signature of Parent or Guardian: _____

(Attach this form to the child's health record. Both forms must be taken to the emergency room)