



**HEALTH FORM 2010-2011**  
**ALL FORMS ARE DUE BY SEPTEMBER 6, 2010**

1. Student Name \_\_\_\_\_  
Note any medical and/or physical concerns we should be aware of:

Medications currently taking: \_\_\_\_\_  
List any allergies \_\_\_\_\_

2. Student Name \_\_\_\_\_  
Note any medical and/or physical concerns we should be aware of:

Medications currently taking: \_\_\_\_\_  
Please list any allergies \_\_\_\_\_

**Consent for Emergency Medical Treatment**

**Sign either part A or B:**

A. We, the parents of \_\_\_\_\_ {Student's Name(s)}, give permission for emergency medical treatment of our child(ren) for illness or accident if we cannot be contacted. We assume responsibility for payment of treatment.

Emergency Phone: Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

B. I DO NOT give my permission for emergency medical treatment for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_