MCESC LANGUAGE AND LITERACY CENTER

Student Information *and* Emergency Medical Form

Type in the shaded boxes, or print and complete by hand.

Date

School year

STUDENT

First name | Last name | Birthdate

Street address | City | State | Zip

Allergies and/or specific health considerations

PARENT / GUARDIAN 1

Mother's / Guardian's name | Email

Street address | City | State | Zip

Home phone | Cell phone | Work phone

PARENT / GUARDIAN 2

Father's / Guardian's name | Email

Street address | City | State | Zip

Home phone | Cell phone | Work phone

CUSTODY AND PICK-UP

Is there a legal custody order that applies to this child? ☐ Yes ☐ No

If yes, please give details

Is there anyone who is NOT allowed to pick up your child? ☐ Yes ☐ No

If yes, name and relationship to child | Name and relationship to child

Student name

EMERGENCY CONTACTS

Please list three people to be contacted in an emergency, **only if the parent/guardian cannot be reached**. Emergency contacts will be called in the order listed below.

	Name	Relationship	Phone	Cell
1				
2				
3				

EMERGENCY CARE INFORMATION

	Phone	Fax
Preferred physician		
Preferred dentist		
Preferred hospital		

CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above mentioned doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to performance of such surgery. In addition to the aforementioned information, I give my permission for any and all medical information to be shared with all school personnel that interact with my child.

Parent/guardian signature **Date**

Student signature (if 18 years of age or older) **Date**

REFUSAL TO CONSENT · complete only if you do not give consent above

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to (please explain):

Parent/guardian signature **Date**