

Walbridge School Emergency Contact and Medical Information

Please Print Your Information

During the school day we will contact whoever is indicated as the 1st Parent/Guardian Contact

Gender

M F

Child's Name

Date of Birth

1st Parent/Guardian Contact Name

2nd Parent/Guardian Contact Name

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Home Phone

Work Phone

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Home Phone

Work Phone

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Cell Phone

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Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Email

Email

Alternative Emergency Contacts

Primary Emergency Contact

Relationship to child

Secondary Emergency Contact

Relationship to child

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Home Phone

Work Phone

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Home Phone

Work Phone

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Cell Phone

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Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations / Any Medications currently being taken:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

