

Southbrook Academy
Medical Emergency and Consent Form
2011-2012

Personal Information

Student's Name: _____ Date of Birth: _____

Parent and/or Guardian: _____

Home Address: _____

Home Phone: _____ Cell(s): _____

Work Phone: _____

Email: _____ Release to Parents Association: Y or N

Physician and Health Information

Physician Name: _____ Telephone: _____

Hospital Address: _____

*Allergies: _____

Confirmed: Y or N

*Chronic Health Conditions: _____

Confirmed: Y or N

Health Insurance Coverage: _____ Policy #: _____

*If your child has Dietary Allergies, Insect Allergies, a Chronic Illness or concerns please speak with your child's teacher and administration so that we can best provide for him/her.

Emergency Medical Treatment Consent

I hereby give the Southbrook Staff permission to administer basic first aid and/or CPR to my child and/or transport my child by ambulance to a hospital to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature

Date

Emergency Contacts

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for your child to be released to this person? Y or N

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for your child to be released to this person? Y or N