

Harvest Preparatory - 09-10

MEDICAL EMERGENCY FORM

The welfare of your child is our first consideration. In case of a minor, medical emergency, the school will attempt to contact the parent/guardian at home or work before attempt is made to contact anyone else.

If your Address, Telephone Number(s), or Physician changes during the school year, please notify the school immediately with new information.

Student Name: _____

Grade: _____

Parent/ Guardian Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone Number: _____

Preferred Hospital: _____

Doctor's Name: _____

Doctor's Office Phone: _____

Name of Nearest Relative, if you are not available: _____

Relative's Phone Number: _____

In case of a major, medical emergency, or, illness involving my child, it is my understanding that I will be notified. I give permission for qualified staff to administer necessary first aid; and, when indicated, notify our family physician. If the physician is not available, and medical treatment is needed immediately, I give permission to have my child transported to the nearest emergency service: Pilot City, HCCMC, or Children's Hospital. I understand any action taken will be most expedient for the well being of my child. If an ambulance is called, this cost is my responsibility.

Parent/ Guardian Signature

Date
