EMERGENCY MEDICAL RELEASE

Student's Name ______________________________________ Student's DOB ______________________________

Street Address ___________________________ City _____________________ State ________ Zip _____________

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name _______________________ Phone #1 (_____)___________ Phone #2 (_____)____________

Parent/Guardian Name _______________________ Phone #1 (_____)___________ Phone #2 (_____)____________

In an emergency when parent/guardian cannot be reached, please contact the following:

Name & Relationship _____________________________ Phone #1 (_____)___________ Phone #2 (_____)____________

Name & Relationship _____________________________ Phone #1 (_____)___________ Phone #2 (_____)____________

Allergies ____ Last tetanus _______________________________

Other medical conditions ____

____

Medication being used (include dosage/frequency) ____

____

Present state of health____

Family Physician ____ Phone (____)________________________

Medical/Hospital Insurance Company _____________________________ Phone (____)________________________

Policy Holder's Name ______________________________________ Policy Number___________________________

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents / guardians in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents / guardians cannot be notified, I hereby give permission to secure proper treatment for my child as named on this form. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over-the-counter medication.

Signature of Parent/Guardian____ Date:______________________

RETURN TO NORWELL MIDDLE SCHOOL OFFICE BEFORE FEBRUARY 16, 2024.