

Health and Emergency Information

2009-2010

Student's Name _____ Class _____

Date of Birth _____ Home Phone _____ Email _____

Home Address _____

Street

City

Zip

Student lives with: Both Parents Mother Father Other _____

FATHER: _____

MOTHER: _____

Home Address: _____

Home Address: _____

_____ Zip _____

_____ Zip _____

Home Telephone: _____

Home Telephone: _____

Business Telephone: _____

Business Telephone: _____

Cell _____

Cell _____

Name of Pediatrician _____ Phone _____

Address _____

Street

City

Zip

Health Insurance _____

Company

ID Number

Group Number

Phone

Allergies _____

Health Concerns _____

Regular Medications/Times Administered _____

IN CASE OF AN EMERGENCY, WE WOULD ENDEAVOR TO GET IN TOUCH WITH PARENTS IMMEDIATELY. IF PARENTS COULD NOT BE REACHED, PLEASE LIST IN ORDER FOUR RELATIVES OR FRIENDS WE SHOULD CONTACT. IN CASE OF AN EMERGENCY, THESE INDIVIDUALS ARE AUTHORIZED BY YOU TO PICK YOUR CHILD UP FROM SCHOOL WITHOUT PRIOR CONSENT.

Name	Home Phone	Work Phone	Cell Phone	Relationship
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I hereby give my consent to SAGE ACADEMY EMPLOYEES OR REPRESENTATIVES to authorize emergency health treatment for the above named child. I will be responsible for all costs, should such treatment be deemed necessary by a physician.

Parent Name (Please Print)

Parent Signature

Date

