

# Emergency Treatment Form

Medical Information, Release of Liability and General, Parental Permission Form for Practices and Field Trips

## Contact Information

**Child**

Last	First	Middle
Street Address		City Zip
Date of Birth (MM/DD/YYYY)	Age	Parent(s) Email

**Father**

Name	Home Phone	Cell Phone	Work Phone
Street Address		City	Zip

**Mother**

Name	Home Phone	Cell Phone	Work Phone
Street Address		City	Zip

## Your Child's Medical Information

Please attach a copy of your insurance card or military ID card.

**Insurance**

Insurance Provider	Policy Number
Policy Holder's Name	

**Doctor**

Family Doctor/Clinic	Doctor Phone	Date of Last Tetanus Shot
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Please check any conditions or allergies your child has.

✓	Condition	✓	Condition	✓	Condition	✓	Allergies
	Asthma		Mononucleosis		Hearing Impairment		Aspirin
	Lung Disease		Low Blood Pressure		Nose Bleeds		Penicillin
	Ear Infection		Head Aches		Bladder Infections		Sulfa Drugs
	Epilepsy		Migraines		Kidney Infections		Tetracycline
	High Blood Pressure		Motion Sickness		Special Diet		Hay Fever
	Dizziness		HIV				Insect Stings
	Emotion Disorder		Diabetes				Lactose
	Sickle Cell Anemia		Hepatitis				Peanuts
	Convulsions		Hypoglycemia				Latex
	Hearts Disease		Polio				
	Kidney Disease		Fainting Spells				

## Over the Counter and Ongoing Medications

I give chaperones and sponsors permission to administer the following over-the-counter medications to my child. Please check "YES" or "NO"

Medication	YES	NO
Tylenol		
Ibuprofen (Advil, etc.)		
Aspirin		
Motrin		
Midol		
Diarrhea Medication		
Immodium		
Upset Stomach Medication		
Pepto Bismol		
Tums		
Dramamine/Motion Sickness Medication		

Please list the name and dosage of any medication your child takes on an ongoing basis, including over-the-counter medications, prescriptions and inhalers.

Please list any medication your child **cannot** take:

## Supplying Medications

Parents or Guardians must provide all prescription medication. Parents or Guardians must also provide any non-prescription medication that must be taken on a daily basis. These medications must be left in their original bottle or container and placed in a Ziplock-type bag. Inside the bag, please include an index card with the student's name, medication name and clear instructions for administering the medication.

## Parent or Guardian Authorization

In the event of sickness or accident, I grant the sponsors and chaperones permission to seek any and all medical attention for the above named child. In the absence of a parent or guardian, I grant permission to any licensed medical facility or physician to provide all needed medical care and treatment to my child.

### Signature of Parent(s)/Guardian(s)

Father

Print

Signature

Date

Mother

Print

Signature

Date