GRANDVIEW PARK BAPTIST SCHOOL 2010-2011 MEDICAL EMERGENCY FORM

THIS FORM MUST BE COMPLETED IN ENTIRETY AND ► SIGNED BY PARENT (REQUIRED).

Parent Name or Legal Guardian: Mother:_____ Father:_____
Work Phone:_____ Work Phone:_____
Cell Phone:_____ Cell Phone:_____
Address:_____
Home Phone:_____

Child(ren)'s Doctor: _____ Phone:_____
Health Insurance:_____ **Policy #**_____
Secondary Insurance:_____ **Policy #**_____

Emergency Contact: (when parent is unavailable)
Name:_____ **Phone:**_____ **Cell phone:**_____
Name:_____ **Phone:**_____ **Cell phone:**_____

HOSPITAL PREFERENCE - **REQUIRED**_____

If the **information listed above is different for each child, please attach the information on an additional sheet of paper.**

Child's Name:_____ Grade:_____ Date of Birth:_____ **Known allergies:**_____ **Chronic illnesses:**_____ **Medications taken on a regular basis:**_____ _____ **Is there a medical authorization form, signed by a physician, on file in the school office for Tylenol, Advil, or above mentioned medication?**_____	**Child's Name:**_____ Grade:_____ Date of Birth:_____ **Known allergies:**_____ **Chronic illnesses:**_____ **Medications taken on a regular basis:**_____ _____ **Is there a medical authorization form, signed by a physician, on file in the school office for Tylenol, Advil, or above mentioned medication?**_____
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I hereby give my consent to Grandview Park Baptist School staff to call a physician or rescue squad for any medical emergency.

I understand that every effort will be made to notify me (or my spouse) before such action is taken. If it is impossible to locate me (or my spouse), the expense of this service will be accepted by me.

► _____ _____
Signature of Parent or Legal Guardian **(REQUIRED)** Date