



Emergency Contact Form 2020-2021

Student Name: _____ **Grade:** _____ **DOB:** _____

Parent/Guardian _____ (c) _____ (w) _____

Parent/Guardian _____ (c) _____ (w) _____

Does your child take any **medications** or have any **allergies**? Is there any significant medical history?

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| Please provide information for alternate contact persons who may be notified in case of emergency: | |
| Name of Alternate Contact | |
| Relation to Student | |
| Primary phone | |
| Alternate Phone | |

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|----------------------------------|--|
| Name of Alternate Contact | |
| Relation to Student | |
| Primary phone | |
| Alternate Phone | |

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|--------------------------------------|--|
| Name of Student's Physician | |
| Physician's Phone | |
| Medical Insurance Provider | |
| Medical Insurance Policy Info | |

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the Head of School or his/her authorized staff member, there is a necessity for immediate exam and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as deemed necessary. I/we agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary.

Parent/Guardian Name: _____ **Phone:** _____

Parent/Guardian Sign: _____ **Email:** _____

This form will accompany the student on field trips. It is the responsibility of the parent/guardian to promptly update emergency information, as necessary.

Please complete, sign and return via email: forms@theacademysja.org