

# EMERGENCY TREATMENT FORM FOR YOUR CHILD

PLEASE PRINT NEATLY AND CLEARLY

Full Name of Child: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(month) (day) (year)



Date of Last Tetanus Shot: \_\_\_\_\_

Chronic Medical Problems or Allergies : \_\_\_\_\_

Medications Taken on-going Basis: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Phone Numbers of Parent or Guardian /

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Work Phone Numbers of Parent or Guardian /

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Other

Remarks: \_\_\_\_\_

## AUTHORIZATION BY PARENT OR GUARDIAN TO PROVIDE MEDICAL CARE FOR A MINOR CHILD

Name of Child: \_\_\_\_\_  
(last) (first) (middle)

Full Name of Father: \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_

In the event of sickness or accident, the sponsors and/or chaperones are granted the permission to seek any and all medical attention for the above named child. Also, I grant the permission to give any and/or all needed medical care and treatment to the child to any medical facility and/or physician, that are licensed to provide this care and approved by the sponsor and/or chaperone. This permission is granted in the absence of me/us as the parent or guardian of the minor child.

### Signature Parent/Guardian

Father: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Signature Parent/Guardian \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Please return this form back to school (teacher)

**CONTINUE ON BACK**

At times, students require minor medical attention. Please complete the following items.

- |                                 |     |    |
|---------------------------------|-----|----|
| ◇ My child gets motion sickness | YES | NO |
| ◇ My child needs an inhaler     | YES | NO |

I give sponsors/chaperones permission to give my child the following:

- |                              |     |    |
|------------------------------|-----|----|
| • Tylenol                    | YES | NO |
| • Diarrhea Medication        | YES | NO |
| • <b>Immodium-D</b>          |     |    |
| • Motion Sickness Medication | YES | NO |
| • <b>Dramamine</b>           |     |    |
| • Upset stomach Medication   | YES | NO |
| • <b>Depto Bismol</b>        |     |    |

LIST ANY BRAND NAME MEDICATIONS YOUR CHILD CAN NOT TAKE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I understand that I will provide all prescription medication. I will also provide non prescription medication that must be taken on a daily basis.

The medication must be:

- Placed in a small one-zip bag
- On a small index card put child's name, medication and clear instructions
- Tape this to the inside of the bag
- Medication must be in original bottle/container

