



## EMERGENCY CONTACT/ PARENTAL CONSENT FORM

**CHILD'S NAME:** \_\_\_\_\_

PRIORITY PHONE NUMBER	
ADDRESS	
BIRTHDATE	
<b>PARENT 1</b> NAME	
PARENT 1 ADDRESS	
PARENT 1 CELL PHONE	
PARENT 1 WORK PHONE	
PARENT 1 EMAIL	
<b>PARENT 2</b> NAME	
PARENT 2 ADDRESS	
PARENT 2 CELL PHONE	
PARENT 2 WORK PHONE	
PARENT 2 EMAIL	
<b>EMERGENCY CONTACT #1</b>	
NAME, RELATION	
PHONE	
<b>EMERGENCY CONTACT #2</b>	
NAME, RELATION	
PHONE	
<b>EMERGENCY CONTACT #3</b>	
NAME, RELATION	
PHONE	
ADDITIONAL PERSON(S) TO WHOM THE CHILD MAY BE RELEASED	

Child's Name: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

INSURANCE COMPANY: \_\_\_\_\_

GROUP NUMBER(S): \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

**STUDENT'S MAJOR MEDICAL HISTORY**

(Please feel free to attach additional pages or documents, e.g., allergy plans, 504s, IEPs, as needed.)

<b>CHILD'S PHYSICIAN'S</b> Practice, Name, Address, Phone Number	
<b>HOSPITAL PREFERENCE</b>	
<b>ALLERGIES ( Y / N )</b> If yes, please list allergies and include an allergy plan from your child's doctor, if applicable.	
<b>SEIZURE DISORDER ( Y / N )</b>	
<b>DIABETES ( Y / N )</b>	
<b>OTHER</b> major medical condition ( Y / N ) If yes, please explain.	

**MEDICAL EMERGENCY CARE CONSENT**

I/we authorize SPNDS staff to administer first aid to our child in the event of accident or illness. If, in their judgment, there is a medical emergency requiring more than minor first aid, I/we authorize SPNDS staff to accompany our child to the most convenient hospital or medical center in a police or other vehicle and to obtain medical care.

I/we understand that a reasonable effort will be made to locate me/us but that steps to obtain emergency care for our child will not be delayed. I/we understand that I/we may be required to provide further consent to Crozer-Chester Medical Center and/or other emergency institution.

**Parent(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_