

# EMERGENCY – ILLNESS AUTHORIZATION INFORMATION

Name \_\_\_\_\_ School Year \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Date of Birth \_\_\_\_\_

List all health issues, allergies, disabilities, etc. \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

## PARENT INFORMATION – PLACE OF EMPLOYMENT – PHONE CONTACT

### **Mother's place of employment**

\_\_\_\_\_ Hours \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Personal email \_\_\_\_\_ Work email \_\_\_\_\_

### **Father's place of employment**

\_\_\_\_\_ Hours \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Personal email \_\_\_\_\_ Work email \_\_\_\_\_

### **Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

## RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their judgement in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient to release confidential information protected under Federal Law.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_