

EMERGENCY DATA SHEET

This form must be completed, notarized, and returned to the school no later than Tuesday, May 15th. If there is anything else you feel we should know about your child, such as first time away from home, prone to motion sickness, etc., please write it on the back.

Student's Name			Date of Birth
Parent's Name			
Home Address			Phone (H)
Town	State	Zip	Phone (C)
Employer			Phone (W)
Insurance Carrier Name & Address			
Policy Number			
Notify in Emergency			Relationship
Address			Phone
Family Physician			Phone
Allergies			Last Tetanus
Medical Problems			
Prescription Medication (must be given to the nurse in original container)			
Present State of Health			

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, the undersigned parent or legal guardian of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and is to be rendered under the supervision of, a physician or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis of treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable and neither the physician, surgeon, or any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization.

Parent's or Legal Guardian's Signature

Date

In the event of any emergencies during the Kennett Middle School trip to Philadelphia, Pa., during May 22 - 24, 2018, the undersigned hereby grants authority to be exercised at the discretion of the designated personnel, to administer over-the-counter medication (acetaminophen, Tums, ibuprofen, Benadryl, Dramamine, etc.). Further, I give permission for prescription medication(s) to be administered as written on the original container which has been given by a parent/guardian or medical authority.

Date

Parent's or Legal Guardian's Signature

Signature of Notary