

Medical Information, continued

3. Is your child subject to seizures, and what should be our procedure if one occurs? _____

4. Is there any physical condition we should be aware of, and what precautions should be taken (heart trouble, foot problem, hearing impairment, etc.)? _____

5. Additional comments regarding health: _____

6. Other special instructions _____

If medical care is necessary, call the following:

DOCTOR: _____ Address _____ Phone _____

HOSPITAL: _____ Address _____ Phone _____

In case of injury or sudden illness call _____ first. Be it known that in the event that I cannot be reached, I the undersigned parent or guardian of the child named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said child as, in the judgment of said doctor or hospital may be required on an emergency basis, in the event said child should be injured or stricken ill while participating in an activity sponsored by the above name program.

It is hereby understood that the consent an authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year and summer school.

It is further understood that any expenses incurred will be paid for by the parent/legal guardian of the student and their insurance carrier. Payment of the expense is not a school / day care center responsibility.

Parent/Guardian Signature

Date