

HAPPY HOLLOW SCHOOL

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff at Happy Hollow School who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Happy Hollow School to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts Other than Child's Parents

(In the order to be contacted after attempts to contact parents are unsuccessful).

1. Name: _____ Address: _____

Relationship to Child: _____ Phone Number: _____

Do you give permission for child to be released to this person? Yes _____ No _____

2. Name: _____ Address: _____

Relationship to Child: _____ Phone Number: _____

Do you give permission for child to be released to this person? Yes _____ No _____

3. Name: _____ Address: _____

Relationship to Child: _____ Phone Number: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage:		Policy #:
Parent(s) Name:	Phone(w)	Phone (h)
Parent(s) Name:	Phone(w)	Phone (h)

Parent/Guardian Signature

Date