

AFFTON SCHOOL DISTRICT
CURRENT HEALTH INFORMATION AND
EMERGENCY MEDICAL TREATMENT CONSENT

Child's Name _____ Grade _____ Birthdate ____/____/____ Sex _____

Address _____ Home Telephone Number _____

Father/Guardian's Name _____ Cellular Phone # _____ Work # _____ Home Phone # _____

Mother/Guardian's Name _____ Cellular Phone # _____ Work # _____ Home Phone # _____

Please list two adults to whom we can release your child if you cannot be reached:

Name _____ Relationship _____ Address _____ Cell Phone # _____ Work Phone # _____ Home Phone # _____

Name _____ Relationship _____ Address _____ Cell Phone # _____ Work Phone # _____ Home Phone # _____

Child's Physician _____ Office Phone _____

Child's Dentist _____ Office Phone _____

Child is allergic to: _____

Special medical conditions or illness: _____

Medications child is currently taking: _____

Does your child have health insurance coverage? _____ Receive Medicaid benefits? _____

It is the school district's procedure to contact the child's parent to obtain necessary medical treatment in case of an emergency. In order for authorized school personnel to obtain necessary medical treatment when parents cannot be reached, we request you sign this form and return it to your child's school. Please be aware of the fact that the paramedics usually transport patients to the nearest hospital for emergency medical treatment. You may be assured every effort will be made to contact you prior to securing emergency medical treatment.

I hereby authorize the emergency treatment, the administration of epinephrine for an anaphylactic reaction, the administration of anesthesia, and the surgical treatment(s) for my minor child, _____, in the event of an emergency medical situation occurring during my absence or when hospital/medical or school authorities are unable to contact me. I release from responsibility and liability hospital/medical and school authorities for performing medical procedures deemed necessary during my absence.

Signature of parent or legal guardian _____ Date _____