



Emergency Medical Information Form
(Please print legibly)

Student's Name _____ Grade _____
 Address _____ City _____ State _____ Zip Code _____
 Birthdate _____ Telephone Number _____

Primary Contact _____ Relationship _____
 Phone Number _____ Employer _____
 Work Phone _____

Secondary Contact _____ Relationship _____
 Phone Number _____ Employer _____
 Work Phone _____

Other phone numbers where parent/guardian can be reached:
 Mom's Cell Number: _____ Dad's Cell Number: _____

Physician's Name _____ Dentist's Name _____
 Phone _____ Phone _____

In case of an emergency and parent/guardian cannot be reached, please contact one of the following persons listed below

First Contact: _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Relationship to Child _____	Second Contact: _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Relationship to Child _____
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Facts concerning the child's medical history (include allergies, medications being taken, physical impairments, or any other information to which a physician should be alerted. You may use the back of this form if extra space is needed): _____

I understand that this form will stay on file at JCCS during the current school year. By signing in one of the two spaces below, I am stating that everything in this form is correct and any changes that are made must be in writing. A new emergency form must be completed in order for a student to begin each new school year.

Please sign in one of the two spaces provided below:

PERMISSION TO TRANSPORT AND OBTAIN TREATMENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my permission for: (1) the administration of any needed treatment deemed necessary by the named physicians, or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of my child to (preferred hospital) _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signed _____ Date _____

REFUSAL TO GRANT PERMISSION TO TRANSPORT AND OBTAIN TREATMENT

I DO NOT give permission to transport my child for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish JCCS to take the following actions: (You may use the back of this form to provide the necessary information).

Signed _____ Date _____