

# 2012-2013 EMERGENCY CARE INFORMATION

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*If we are unable to contact the parent and/or the child's condition requires immediate care, permission is hereby given to arrange for emergency medical treatment in keeping with West Virginia State and Harrison County Board of Education Policies and Regulations.*

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*In order to ensure the best possible care for your child, please list any medical conditions your child has or accommodations that may be needed*

\_\_\_\_\_

*and any medications taken either at home or at school* \_\_\_\_\_

In order to safeguard your child, we need your assistance in providing names of those to whom the center may release your child. If parents are separated or divorced, please include a copy of the total court order awarding custody of the child. Please do not call the school office to change this form. You must stop at the school office and submit a new form to change the below information. Photo identification may be required.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Directions to students home from the nearest school. (Please include address, street names, and description, etc.).

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