

EMERGENCY CARE INFORMATION 2008 SCHOOL YEAR

IN CASE OF AN EMERGENCY, AND IT BECOMES NECESSARY TO CALL A PHYSICIAN OR OTHER HEALTH CARE PROVIDER, OUR FAMILY

PHYSICIAN IS _____ Phone _____

DENTIST IS _____ 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 or Guardian

Date

In order to insure the best possible care for your child please list any medical conditions your child has,

and any medications taken either at home or at school _____

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

1 _____ 2 _____
Please Print Name of Father / Guardian Signature of Father / Guardian listed to the left. Please Print Name of Mother / Guardian Signature of Mother / Guardian listed to the left

3 _____ 4 _____
Please Print Name of Other / Guardian Signature of Other / Guardian listed to the left. Please Print Name of Other / Guardian Signature of Other / Guardian listed to the left

Directions to Your Home (address, description, etc.) This is to assist us should we need to contact you in an emergency.

