

# Greenwood School Emergency & Medical Release Form 2009-10 School Year

***Please complete a separate form for each child at Greenwood School***

I hereby authorize the staff and any appointed assistants of Greenwood School to seek emergency medical treatment for my child:

**(Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **Grade** \_\_\_\_\_  
(Please clearly print name of child)

**You have my permission to take my child to the hospital if deemed necessary.**

\_\_\_ Yes, take child to hospital \_\_\_ No, do not take child to hospital

Name of preferred hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's ID or Medical Record # \_\_\_\_\_ Company \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_

*I understand and agree that I am financially responsible for any care so procured.*

To ensure the best care for your child at Greenwood School, please describe any medical conditions that exist and/or any medications being taken:

(Please use the back of this paper if more detail is needed)

*Condition:* \_\_\_\_\_

*Medication:* \_\_\_\_\_ *dosage:* \_\_\_\_\_ *freq. of dosage:* \_\_\_\_\_

Prescription and non-prescription medication may not be self-administered. Please review Emergency Health Procedures in the parent handbook.

**PLEASE BE ADVISED THAT MY CHILD IS ALLERGIC TO THE FOLLOWING:**

**FOOD:** (wheat, eggs, etc.) \_\_\_\_\_

**MEDICATIONS:** (Tylenol, Aspirin, etc.) \_\_\_\_\_

**Other Allergies** (dust, cats, etc.) \_\_\_\_\_

My child may receive *(please place a check mark next to items if okay to dispense):*

Homeopathic Remedies (rescue remedy, arnica, calendula, etc.) \_\_\_\_\_ Tylenol \_\_\_\_\_

Ibuprofen \_\_\_\_\_

In case of emergency or illness, the school is requested to take the following steps in the order I have indicated **(Please number from 1 to 4 in order of the priority of whom we should contact)**

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

# \_\_\_ **Contact mother** Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

# \_\_\_ **Contact father** Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

# \_\_\_ **Contact : relative/friend/neighbor** Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

# \_\_\_ **Contact: relative/friend/neighbor** Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

