

**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:** _____

