

**Greenwood School  
Emergency & Medical Release Form  
2011-12 School Year**

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

As the parent or authorized representative, I hereby give consent to the staff and any appointed assistants of Greenwood School to obtain all emergency medical or dental treatment for my child:

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

**This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.**

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 Full Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

#\_\_ **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:** \_\_\_\_\_

