

## Fremont Public Schools Emergency Contact and Medical Information for a Child

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:   M     F  

Primary Guardian's Name (#1)

Home Phone

Work Phone

Address

City, State Zip Code

Primary Guardian's Name (Spouse)

Home Phone

Work Phone

Address

City, State Zip Code

Secondary Family (#2)

Home Phone

Work Phone

Address

City, State Zip Code

### Alternative Emergency Contacts

Primary Emergency Contact

Home Phone

Work Phone

Address

City, State Zip Code

Secondary Emergency Contact

Home Phone

Work Phone

Address

City, State Zip Code

Please Complete Information on Back of this Form

**Medical Information**

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

**Allergies/Special Health Considerations**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Fremont Public Schools and individuals from liability in case of accident during activities related to Fremont Public Schools, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date