

| | | |
|------|------|------|
| ____ | ____ | ____ |
| ____ | ____ | ____ |
| ____ | ____ | ____ |
| ____ | ____ | ____ |
| ____ | ____ | ____ |

People to call when student is ill, or in case of emergency:

| | | | | | |
|------|------|------|------|------|------|
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ | ____ | ____ |

(Relative, Guardian, etc...)

(Relative, Guardian, etc...)

Child Lives with:

Guardianship:

Non Custodial Parent/Shared Parent Address

| | | |
|------|------|------|
| ____ | ____ | ____ |
| ____ | ____ | ____ |

Emergency Medical Authorization

***** You MUST complete PART I or PART II *****

Part I (To grant consent)

Parent Signature: _____

***** PART II (Refusal to consent to treatment) *****

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

Parent Signature: _____