

# Emergency Treatment Form

(please print clearly)

## Student Information:

Students name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone

Number: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies:

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medical Conditions:

Medical Condition: \_\_\_\_\_

Treatment/Management: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Treatment/Management: \_\_\_\_\_

## Consent and Release:

I, the undersigned parent/guardian, hereby authorize the staff of Mancos School District to obtain emergency medical treatment for my child, \_\_\_\_\_, in the event of an accident or illness during school activities. I also grant permission for my child to be transported to the hospital or another medical facility if necessary. I understand that every effort will be made to contact me or the emergency contacts listed above before taking such action.

I hereby hold harmless The Mancos School District, its employees, and volunteers from any liability for any injuries or illnesses that may occur during school activities or as a result of emergency treatment provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_