

**Hillsdale Preparatory School
Emergency & Medical Form 2008/2009 School Year**

Student Name:	Grade:
Street Address:	
City, State, Zip:	
Home Phone Number With Area Code:	
Mother's/Guardian's Name:	
Daytime Phone #:	
Father's/Guardian's Name:	
Daytime Phone #:	

Student will only be released to people listed below. Include childcare provider. If parents/guardians cannot be reached, the below listed persons will be contacted in case of emergency. There must be someone who can be reached during the day on your child's emergency form.

Name	Relationship To Student	Phone Numbers w/ Area Code		
		Daytime	Cellular	Pager

Allergies: Asthma , Bee Sting , Food _____ , Medication _____

Other _____ Any known medical problem: _____

Any current medication student is taking: _____

Any other info school should know: _____

EMERGENCY: I give permission to Hillsdale Preparatory School to secure emergency medical and/or emergency treatment for the minor child named above while in its care. I will be financially responsible for the emergency care and/or transportation of said minor; HILLSDALE PREPARATORY SCHOOL will not be liable.

Name, address & phone number of Child's Physician or Health Clinic: _____

Hospital and phone number preferred for emergency treatment: _____

Health Insurance Policy Name and Number: _____

Date of last tetanus shot: _____

Parent Signature: _____ **Date:** _____