

BOSQUE SCHOOL

2010-2011 EMERGENCY-CONTACT INFORMATION

FOR GYM USE, EXPERIENTIAL EDUCATION, FIELD TRIPS, INTERSCHOLASTIC ATHLETICS

(This form must be completed in its entirety for every student—Please Print)

Student Information: Name _____
Grade _____ Date of Birth _____ Age _____ Sex _____

Student lives with _____

Health Insurance Provider _____ Group Number _____

Policy Number _____ Name of Policy Holder _____

Hospital Preference _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Parent 1 Information: Name _____ Home Phone # _____

Mailing Address _____

Employer _____ Work # _____ Cell # _____ Pager # _____

E-mail _____

Parent 2 Information: Name _____ Home Phone # _____

Mailing Address _____

Employer _____ Work # _____ Cell # _____ Pager # _____

E-mail _____

Alternate Emergency Contact

In case of emergency/illness/accident and I/we cannot be reached, Bosque School is authorized to notify:

Name _____ Relationship to student _____

Home # _____ Work # _____ Cell # _____ Pager # _____

YES NO

Authorization for Medical Service

I (we) request that I (we) be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event I (we) cannot be reached, I (we), parent(s)/guardian(s), hereby designate appropriate school personnel (e.g. Head of School, Coach, Advisor, Trip Leader, Teacher) to act in my/our behalf to authorize such hospitalization, medical attention, and surgery as may be required in an emergency while participating in school athletics or school-sponsored activities. In the event I (we) cannot be reached and the situation calls for medical attention, I (we) recognize and relinquish my/our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child. I (we) assume financial responsibility for such services.

Bosque Permission to Dispense Pain Reliever

Bosque School has my permission to dispense the following nonprescription pain medication to my child:

YES NO ibuprofen (such as Advil)

YES NO acetaminophen (such as Tylenol)

Allergies to any drugs _____ Other Allergies _____

Any significant medical condition or history (asthma, diabetes, seizures etc.) _____

Any prescribed medications _____

Signature of Parent/Guardian: _____ **Date** _____