

# PARENT MEDICAL SIGN-OFF FORM

SCHOOL \_\_\_\_\_ STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_ PARENT NAME \_\_\_\_\_

## **AUTHORIZATION FOR MEDICAL CARE:**

In the event of a medical emergency or illness, I hereby authorize Greenwich Public Schools to provide first aid, and/or to request emergency medical treatment and transportation to a hospital. Any hospital or emergency medical personnel are authorized to provide treatment to my child of such nature as they deem appropriate and to consult with the physician listed in the Student Profile.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## **STUDENT'S DOCTOR:**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## **STUDENT'S DENTIST:**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Emergency Number for Parent: \_\_\_\_\_

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## **CHILD HEALTH INSURANCE INFORMATION**

THIS SECTION IS REQUIRED BY THE STATE:

Does your child have Health Insurance?  Yes  No If your child is uninsured we will provide you information on Connecticut's HUSKY Plan. Your signature means that the school can provide you contact information for the Connecticut Department of Social Service (administrating agency of the HUSKY Plan) or information about how to enroll in HUSKY.

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

Date: \_\_\_\_\_