Suffield Public Schools Emergency Form
2021-2022

Student Name: _____ DOB: _____ Grade: _____

Student's Physical Address: _____
Home City: _____ State: _____ Zip Code: _____
Student's Mailing Address: _____
Home City: _____ State: _____ Zip Code: _____

Child resides with: _____

Emergency Contact 1

Name:				Relationship:	
Home Phone:		Work Phone:		Cell Phone:	
Email:					
Street:					
City:		State:		Zip Code:	

☐ Legally Authorized to make medical decisions ☐ Receive Mailings ☐ Has Custody-Yes

Emergency Contact 2

Name:				Relationship:	
Home Phone:		Work Phone:		Cell Phone:	
Email:					
Street:					
City:		State:		Zip Code:	

☐ Legally Authorized to make medical decisions ☐ Receive Mailings ☐ Has Custody-Yes

Emergency Contact 3

Name:				Relationship:	
Home Phone:		Work Phone:		Cell Phone:	
Email:					
Street:					
City:		State:		Zip Code:	

☐ Legally Authorized to make medical decisions ☐ Receive Mailings ☐ Has Custody-Yes

Emergency Contact 4

Name:				Relationship:	
Home Phone:		Work Phone:		Cell Phone:	
Email:					
Street:					
City:		State:		Zip Code:	

☐ Legally Authorized to make medical decisions ☐ Receive Mailings ☐ Has Custody-Yes

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Emergency Contact 5

Name:				Relationship:	
Home Phone:		Work Phone:		Cell Phone:	
Email:					
Street:					
City:		State:		Zip Code:	

☐ Legally Authorized to make medical decisions ☐ Receive Mailings ☐ Has Custody-Yes

Pediatrician/Doctor Name: _____

Address: _____

Phone: _____

Dentist Name: _____

Address: _____

Phone: _____

Preferred Hospital Name: _____

Address: _____

Medical Insurance-Insurance Company: _____

Policy Holder: _____

Policy Number: _____ Group Number: _____

Can I get other benefits such as health insurance, for my child? Your child may be eligible for a health insurance program (called HUSKY) for children. Call the HUSKY information hotline at 1-877-284-8759. ☐ Yes ☐ No

Medical Information

Medication(s) your child is allergic to:	
Medication(s) your child is currently taking:	
Allergies:	
If your child has a medical condition such as asthma, please describe:	
Other important medical information you would like us to have:	

MEDICAL EMERGENCY AUTHORIZATION

I/We _____, the parent(s)/guardian(s) of _____, hereby acknowledge: I/We may not be available to provide consent for medical treatment in the event that our child becomes sick or is injured during participation in a school authorized activity. If I/We are not available for such consent, it is my/our desire to have the best available medical treatment for my/our child. THIS FORM HEREBY AUTHORIZES SUFFIELD PUBLIC SCHOOLS AND ITS STAFF TO ACT ON MY/OUR BEHALF WITH RESPECT TO ANY REQURIED MEDICAL TREATMENT DECISIONS AND CONSENTS UNTIL SUCH TIME AS I/WE ARE ABLE TO PROVIDE THESE ITEMS. NOTICE IS HEREBY GIVEN TO ANY QUALIFIED MEDICAL PERSONNEL THAT THIS AUTHROIZATION IS CURRENTLY IN EFFECT, AND SUCH PERSONNEL ARE DIRECTED TO ACT UPON SUCH AUTHORIZATION WITHOUT DELAY. I/We agree to assume financial responsibility for all expenses and bills incurred in any emergency requiring medical attention.

_____ _____

Parent/Guardian Signature(s) Date

Revised 1/24/18 JN