



Permission for Treatment/ Risk Notification for K - 8

Student's Name _____ School _____ Grade _____

Parent/ Guardian's Name _____ Telephone # _____

Student's Doctor _____ Doctor's # _____

Student's Dentist _____ Dentist's # _____

Emergency Contact Name (other than parent/ guardian): _____ Phone # _____

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.

* I understand that COVID-19 is a contagious disease that may continue to be present in the Greenwich community, and that all reasonable precautions have been taken by the school district to mitigate the spread by adhering to the latest guidelines as put forth by the CDC and the State Department of Public Health. With that, I understand and acknowledge that there will be a level of risk of contagion as would be accepted in any public venue.

** A child without a history of a severe allergic reaction may receive epinephrine from a certified teacher if a reaction is suspected (CT. Act 14-176). Please contact the nurse directly, if you do NOT wish your child to be included under this law.

Parent/ Guardian Signature _____ Date _____

Student Health Insurance Information

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.

Parent/ Guardian Signature _____ Date _____