

First Aid and Emergency Medical Care

Student's name _____

Grade _____ Date of birth _____ Social security number _____

Street address _____ City _____ Zip code _____ Telephone number _____

Mailing address _____ City _____ Zip code _____

Emergency calls: Mother's name and work number _____

Father's name and work number _____

Please list one or more other telephone number of persons who may be contacted in the event that parents are not available in case of emergency.

Name _____ telephone _____ relationship _____

Name _____ telephone _____ relationship _____

Health information: List all health conditions that may exist such as heart disease, allergies, eye or ear problems, etc., and any precautions that should be taken in the event of occurrence:

Condition(s) _____

Precaution(s) _____

Doctor _____ telephone _____

I, the undersigned, do hereby authorize officials of Garfield Re-2 School District to contact directly the persons named on this form and do authorize such treatment as may be deemed necessary in an emergency for the health of my child. I will not hold the district responsible in any way, financially or otherwise, for the emergency care and/or transportation of my child.

Kindly notify the school if any of the above information should change during this school year.

Signature of parent/guardian _____

File: JLCE-E

Garfield School District No. Re-2, Rifle, Colorado