DIEGUEÑO
COUNTRY SCHOOL

AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES/PHONE TREE
2025-2026

Please print legibly and provide specific times of day for each emergency contact.

Student's Name:	Date of Birth:	Age:	Grade:	Gender:

Parents' Contact Information:

Mother's Name: _____

Father's Name: _____

Home Address:

_____

_____

_____

Mailing Address:

_____

_____

_____

Home Phone Number: _____

Mother's Cell Phone Number: _____

Father's Cell Phone Number: _____

Mother's Email Address: _____

Father's Email Address: _____

Physician's Name:

_____

Physician's Phone Number: _____

Are there any other conditions or allergic reactions about which the school should be aware? (i.e. allergic reactions to insects, food, vegetation, or medications; asthma etc.)

_____

_____

OVER

If your child is being treated for, or under observation for, any medical or psychological conditions, please describe: _____

_____

Please list any medications your child takes regularly: _____

_____

Names and phone numbers of persons to contact in an emergency or in the event of an illness if a parent cannot be reached (please list contacts in the order in which you want them to be contacted):

Name:	Home Phone Number:	Cell Phone Number:	Time of Day:

Names and phone numbers of persons authorized to pick up your child from school, including all carpool members:

Name:	Home Phone Number:	Cell Phone Number:	Time of Day:

Name and cell phone number of childcare provider (such as an au pair, nanny, live-in housekeeper, etc.) who may be contacted for emergency information or transportation needs:

Name: _____ Cell Phone: _____

I hereby authorize Diegueño Country School staff members to call paramedics in the event of accident or acute illness, and to arrange for necessary emergency medical or surgical care in the event that I am not immediately available. I also agree to accept responsibility for the cost of such medical or surgical services:

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____