



Christopher Signor, Principal

PRE-EMERGENCY CONSENT FORM

CHILD'S NAME:

AGE: _____

DATE OF BIRTH: _____

ADDRESS: _____ CITY:

_____ ZIP: _____

PHONE: _____

PARENT/GUARDIAN NAME:

INSURANCE: _____ NAME OF

INSURED: _____

PERSON RESPONSIBLE FOR MINOR:

ADDRESS: _____ CITY:

_____ ZIP: _____

PHONE: _____

CHILD'S FAMILY DOCTOR:

MEDICAL HISTORY:





Christopher Signor, Principal

ALLERGIES:

LAST TETANUS:

CURRENT MEDICATIONS:

I give permission for my child _____ to be treated by an Emergency Medical Technician and/or the Hospital Emergency Room in my absence from August through June.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

