

Alder Grove Charter School - 2
Emergency Contact and Medical Information for Student

_____		_____		M F
Child's Name		Date of Birth		Sex
_____		_____		
Parent's/Guardian's Name		Parent's/Guardian's Name		
_____	_____	_____	_____	
Home Phone	Work Phone	Home Phone	Work Phone	
_____		_____		
Address		Address		
_____		_____		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____	_____	_____	_____
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	

Physician's Name	Phone Number
_____	_____
Insurance Company	Policy Number
_____	_____
Allergies/Special Health Considerations	

Consent to Treat

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent or guardian can be reached in the case of an emergency.

_____	_____
Parent's/Guardian's Signature	Date

Liability

I release Alder Grove Charter School-2 and its employees, officers, directors, volunteers, and agents from liability in case of accident during activities related to Alder Grove Charter School-2 as long as normal safety procedures have been taken.

_____	_____
Parent's/Guardian's Signature	Date