

STUDENT EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

Student's name _____ Home phone # _____

Parent's/Guardian's name (s) _____

Work phone# _____ Work phone # _____

EMERGENCY CONTACT(S) – Please provide at least one name and phone number

Name and relationship to student	phone number
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Name and relationship to student	phone number
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PLEASE LIST ANY CURRENT OR CHRONIC MEDICAL PROBLEMS OR
CONDITIONS, INCLUDING ALLERGIES AND PHYSICAL LIMITATIONS

PLEASE SIGN ONE OF THE FOLLOWING DECLARATIONS

In the event that a reasonable attempt has been made to contact me or my emergency contact, and these attempts have been unsuccessful, I authorize and give my permission to the Connecticut Writing Project personnel to seek and administer medical attention for my child by a licensed medical professional. This consent does not cover major surgery unless the medical opinions of two licensed professionals are obtained prior to the performance of such surgery.

Parent's or Guardian's signature	date
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Health Insurance Carrier AND Policy Number _____

OR

I do not authorize emergency medical treatment for my child. In the event of an illness or injury requiring emergency treatment, I want the school authorities to do the following

Parent's or Guardian's signature	date
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