

Emerson Waldorf School
Emergency Medical Information and Authorization Form
Grades 1-12 for 2011-2012

Student Name: _____ **Grade:** _____
Birth Date: _____

Parent Information

Parent/Guardian Name:	Home#	Cell#
Address:	City:	Zip:
Employer/Department:		Work #
Parent/Guardian Name:	Home#	Cell#
Address:	City:	Zip:
Employer/Department:		Work #

Names of friends/relatives in the event you cannot be reached:

Name:	Relation:	Home#	Cell#
Name:	Relation:	Home#	Cell#

Significant Medical Information

Physician Name: _____ Physician Phone # _____

Dentist Name: _____ Dentist Phone # _____

Hospital of Choice _____

Chronic Conditions: _____

Allergies (medications, insect stings, food, other): _____

Current Medications: _____

**Medical Authorization form signed by physician required for any prescribed medications*

If my child needs Ibuprofen, Tylenol or other homeopathic remedies during the day, I authorize EWS personnel to administer according to package guidelines: (Please check the following)

Acetaminophen
(Tylenol)

Ibuprofen
(Advil/Motrin)

Benadryl

Homeopathic remedies

Soap & Water ONLY

Medical Insurance

Carrier Name

Policy #

Authorization to consent to health care for a minor was signed electronically when enrolled.