

EASTMINSTER SCHOOL STUDENT HEALTH RECORD

Student Name _____ Grade (2007-2008) _____
Last First Middle

Address _____ DOB _____
Street
City State Zip Home Phone _____

EMERGENCY INFORMATION

Mother's Name _____ Father's Name _____
Business Address _____ Business Address _____
Home Phone _____ Home Phone _____
Business Phone _____ Business Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

In the event of an emergency please list 2 persons whom we may contact if we are unable to contact parents:

Name _____ Name _____
Relationship _____ Relationship _____
Home Phone _____ Home Phone _____
Business Phone _____ Business Phone _____
Cell Phone _____ Cell Phone _____

INSURANCE INFORMATION

Name of Insured Parent _____ Parent's SS# _____
Employer _____ Group Number _____
Insurance Company _____ Policy Number _____

Authorization and Consent To Medical Treatment

Understanding that my child may need emergency treatment during school hours or at school activities while attending Eastminster School, I authorize the school to administer such first aid or other minor medical treatment including over the counter medication deemed best under the circumstances. I understand that the school will attempt to notify me, or my spouse, in the event of an emergency requiring immediate medical care, and if the school is unable to notify me, I consent to have my child treated by a duly qualified physician at the nearest emergency facility. This authorization applies to all school sponsored programs. I will not hold Eastminster School financially responsible for the emergency care and/ or transportation of my child. I acknowledge that it is my responsibility to keep my child's health records current. I also understand the obligation to provide medical insurance for my child rests with me as a parent or guardian.

Release of Information

I, as the parent or guardian of the above minor child, acknowledge that Eastminster School has received health information and records regarding my child from me and/or other sources. I hereby authorize Eastminster School to receive, review, discuss, and disclose my child's health information and records to others if necessary or appropriate for my child's education, well being, best interest, health and safety, and/or coordination of services. I hereby release Eastminster School from any liability, damages and expenses arising in connection with the receipt, use, disclosure or discussion of my child's health information and records.

Signature of Parent or Guardian _____ Date _____

