

Emergency Contact and Medical Information for a Child

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
()	()	()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

Medical Information

Allergies/Special Health Considerations

This signed permission must be on file at the school your student is attending. Please sign and return prior to or on the first day of school.

I hereby, give the school permission to seek first aid treatment and medical services if necessary should an emergency arise and with the understanding that there will be no financial obligation on the part of the school. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature

Date

I give consent for our student to be transported by district vehicle on field trips and other school related activities that require transportation of this student by the district. I release Colstrip Public Schools and individuals from liability in case of accident during activities related to the field trip, as long as normal safety procedures have been taken.

Parent/Guardian Signature

Date