

## School Age Student's Information and Statement

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

### My school age child attends the following school:

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

My school age child's Vision and Hearing screening records and Immunization Records are on file at their school and all required immunizations are current.

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Emergency Medical Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_