



Student Emergency Medical/Contact Form

at Jackson Day School

Child's Name: _____ Age: _____ Grade _____ Birthdate: _____

Address _____
Street City State Zip

Father/Guardian's Name: _____ Work Phone: _____ Cell: _____

Mother/Guardian's Name: _____ Work Phone: _____ Cell: _____

Please list any **disabilities**, diagnoses or special needs: (provide IEP/504 accommodations if necessary): _____

Please list any **medications** they are on: _____

*You must also complete a Medicine Authorization Form if medications are kept on campus

Please list any **allergies** (Insect bites, food allergies, Medicine, etc....) _____

**I authorize Early Beginnings to transport my child for programming events I am notified of: (Initial) _____*

Authorization for Emergency Medical Attention for (Child's Name) _____

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|
| In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to call, release, and instruct emergency services personnel for my child and/or take my child to: | | |
| Name of Family Doctor | Address | Phone # |
| Or to (Name of hospital or clinic) | Address | Phone # |
| Insurance Policy Holder: | Insurance company: | |
| Insurance Group #: | Subscriber #: | Insurance company Phone: _____ |
| I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic/ or emergency services personnel. | | |
| Parent/Guardian Name | Parent/Guardian Signature | Date |

Alternate Pick-up Approval

I give consent for my child to be released to the following individuals for **pick-up** in the event I am unable to pick up my child or to contact these individuals if I cannot be reached in an **emergency**:

| Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____