

## Phoenix School Emergency Contact and Medical Information Form

Child's Name

Date of Birth

Parent's/Guardian's Name & Relationship to Child

Parent's/Guardian's Name & Relationship to Child

Cell Phone

(    )

Cell Phone

(    )

Home Phone

(    )

Work Phone

(    )

Home Phone

(    )

Work Phone

(    )

Address

Address

E-mail Address

E-mail Address

### Alternative Emergency Contacts

Primary Emergency Contact Name & Relationship to Child

Secondary Emergency Contact Name & Relationship to Child

Cell Phone

(    )

Cell Phone

(    )

Home Phone

(    )

Work Phone

(    )

Home Phone

(    )

Work Phone

(    )

I authorize the release of my child to the following individual(s):

Parent's/Guardian's Signature

Date

### Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company (please attach copies of both the front and back of medical insurance card)

Policy Number

Allergies/Special Health Considerations/Injuries:

Medications:

Is this student currently taking medications for any condition?

- no  
 yes

If yes, please specify drugs and dosage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use:

- Contacts/Phone  
 Alt. Contacts/Phone  
 Medical Information  
 Allergies  
 Medications

**Phoenix School Emergency Contact and Medical Information Form (Continued)**

**Immunizations**

Are all student immunizations, specifically tetanus andMMR booster, current?  no  yes

If yes, Please provide the school with the DOH Immunization form.

If no, please provide the school with the DOH Immunization Waiver form.

**Medical History**

Has this student experienced any past medical conditions or injuries?  no  yes

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use:

- Immunizations
- Medical History
- Authorization
- Permission
- Waiver

**Authorization, Permission and Waiver**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

**Parent's/Guardian's Signature**

**Date**

I give permission for my child to go on field trips. I release Phoenix School LLC owners, staff, and associated individuals from liability in case of accident during class time and during activities related to the Phoenix School, as long as normal safety procedures have been taken.

**Parent's/Guardian's Signature**

**Date**

By enrolling my child in the Phoenix School as a full or part-time student, I agree that the Phoenix School LLC and staff cannot be held liable for personal injury and/or for third party damage to the registered student's property.

**Parent's/Guardian's Signature**

**Date**