

Emergency Pre-Consent Form

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Child's Information (Please include your child's full legal name, preferred name, and physical/ mailing addresses).

Child's Name: _____ Child's Address: _____ POBOX: _____
 Child's Grade: _____ Date of Birth: _____ Child's Church: _____ Baptized Y/N: _____

Medical Information

Child's Physician: _____ Physician's Phone: _____
 Known Allergies: _____

Any known medical conditions? _____

Date of Last Tetanus Shot: _____

Glasses: Y or N When worn? _____
 Hearing Problems? _____

Emergency Pre-Consent Information

Yes No I hereby consent to and authorize emergency medical treatment which you judge necessary for my child, in the event I cannot be reached.
 Yes No I have reviewed this information sheet, and verified that all information provided is correct.
 Yes No I give my consent to share this information with school health services personnel on a need-to-know basis for the purpose of administering emergency care to my child.

Father's Signature: _____ Date: _____
 Mother Signature: _____ Date: _____

Insurance Information

Insurance Provider: _____
 Policy Number: _____
 Policy Holder: _____

Contact Information

Mother's Name:			Employer:		
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Father's Name:			Employer:		
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Second Contact:		Phone Number:			
Snow Home:		Phone Number:			

**Note: If you do not designate a snow home, your child will be assigned to one (Grades PreK-4 in Gibbon, Grades 5-8 in Fairfax). "Snow homes" are used during times of inclement weather when the buses are not able to get the children home.*

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Medical Information

Child's Physician: _____ Physician's Phone: _____
 Known Allergies: _____

Any known medical conditions? _____

Date of Last Tetanus Shot: _____

Glasses: Y or N When worn? _____
 Hearing Problems? _____

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Father's Signature: _____ Date: _____
 Mother Signature: _____ Date: _____

Insurance Information

Insurance Provider: _____
 Policy Number: _____
 Policy Holder: _____

Contact Information

Mother's Name:		Employer:			
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Father's Name:		Employer:			
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Second Contact:		Phone Number:			
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Home Phone:		Work Phone:		Cell Phone:	
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Medical Information

Child's Physician: _____ Physician's Phone: _____
 Known Allergies: _____

Any known medical conditions? _____

Date of Last Tetanus Shot: _____

Glasses: Y or N When worn? _____
 Hearing Problems? _____

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Father's Signature: _____ Date: _____
 Mother Signature: _____ Date: _____

Insurance Information

Insurance Provider: _____
 Policy Number: _____
 Policy Holder: _____

Contact Information

Mother's Name:		Employer:			
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Father's Name:		Employer:			
Home Phone:	Work Phone:	Cell Phone:			
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Second Contact:		Phone Number:			
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Child's Information (Please include your child's full legal name, preferred name, and physical/ mailing addresses).

Child's Name: _____ Child's Address: _____ POBOX: _____
 Child's Grade: _____ Date of Birth: _____ Child's Church: _____ Baptized Y/N: _____

Medical Information

Child's Physician: _____ Physician's Phone: _____
 Known Allergies: _____

Any known medical conditions? _____

Date of Last Tetanus Shot: _____

Glasses: Y or N When worn? _____
 Hearing Problems? _____

Emergency Pre-Consent Information

Yes No I hereby consent to and authorize emergency medical treatment which you judge necessary for my child, in the event I cannot be reached.
 Yes No I have reviewed this information sheet, and verified that all information provided is correct.
 Yes No I give my consent to share this information with school health services personnel on a need-to-know basis for the purpose of administering emergency care to my child.

Father's Signature: _____ Date: _____
 Mother Signature: _____ Date: _____

Insurance Information

Insurance Provider: _____
 Policy Number: _____
 Policy Holder: _____

Contact Information

Mother's Name:			Employer:		
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Father's Name:			Employer:		
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Second Contact:		Phone Number:			
Snow Home:		Phone Number:			

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 Mother Signature: _____ Date: _____

Insurance Information

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Contact Information

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Home Phone:		Work Phone:		Cell Phone:	
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