



<u>SCHOOL USE ONLY</u>	
<u>MEDIC ALERT</u>	
Health Concerns ____ YES ____ NO (allergies, medications, etc)	

CUSTODY ALERT	
<input type="checkbox"/>	
See attached court order	

EMERGENCY CONTACT FORM

Child's Name _____ Date of Birth _____ Sex _____
 (Last) (First) (MI)

Address _____ City _____ Zip _____ Contact Phone _____

In case of an emergency, please contact:

Father's Name _____ Cell Phone _____ Work Phone _____

Mothers Name _____ Cell Phone _____ Work Phone _____

Guardian's Name _____ Cell Phone _____ Work Phone _____

Is there a custody order regarding this child? () Yes () No

Additional persons who may pick up your child and may be contacted in case of an emergency:

(Name)	(Relationship)	Contact Number (s)
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The school is authorized to contact and if necessary release my child to one of the following designated names:

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

AUTHORIZATION TO CONSENT FOR MEDICAL TREATMENT OF A MINOR

School authorities will notify you or your designated contact if your child is ill or injured, if no one can be reached or the situation warrants action, it is the policy of Heritage School of Discovery to send the child in an ambulance to the nearest emergency hospital.

Name of Family Physician: _____ Phone: _____

Pre-existing Medical Problems: _____ Last Tetanus Shot: _____

Medication (s) currently taking: _____

Allergies to food, medications, or other: _____

Signature of Parent/Guardian _____ **Date** _____