CLARKE COUNTY HIGH SCHOOL

EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent/guardian or a designated emergency contact.

STUDENT NAME	
Last _____	School _____
First _____	Date of Birth ____/____/____ Sex: Male or Female
Middle	SS # _____
	Grade

FATHER	**ADDRESS**	**TELEPHONE**
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____
MOTHER	**ADDRESS**	**TELEPHONE**
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____
LEGAL GUARDIAN	**ADDRESS**	**TELEPHONE**
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____

Student resides with □ FATHER □ MOTHER □ BOTH □ LEGAL GUARDIAN

LIST 2 PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(S)/GUARDIAN CANNOT BE REACHED:

1. _____ _____ _____
   Name *Relationship* *Telephone*
2. _____ _____ _____
   Name *Relationship* *Telephone*

ADDITIONAL INFORMATION

_____
Name of Student's Physician Physician's Telephone #

_____
Name of Health Insurance Company Policy/Group/Employee Number or HMO # Insurance Company's Telephone #

MEDICAL INFORMATION (Check all that are applicable)

□ Allergies, Be Specific _____
□ Foods _____
□ Medicine _____
□ Bee or Insect Allergy
□ Cancer
□ Diabetes
□ Digestive, Be Specific _____
_____
□ Hearing
□ Heart Problems, Be Specific
_____
□ Hemophilia
□ Physical Disability, Be Specific
_____
□ Respiratory Disability, Be Specific
_____
□ Seizures
□ Other, Please List _____
_____

List all medical conditions for which your child receives continual care: _____
_____
List all medications and dosages your child receives on a continual basis: _____
_____

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, where the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well-being of my child. □ YES □ NO

Student Information Release

The school has my permission to use my child's name, stats, athletic team information and photo on the school website, emails or information submitted to the press. Please answer yes or no and sign below. □ YES □ NO

By signing below, I certify that the above information is correct.

Signature of Parent/Legal Guardian: _____ Date: _____