

**EMERGENCY MEDICAL INFORMATION    17-18 School Year**

Student's Name \_\_\_\_\_

Student's Current Grade \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

*Two alternate adults to contact if parents cannot be reached:*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**PERMISSION**

I hereby grant permission for my child to use all the play equipment used at G.S.C.A. and to leave the facility for walks or field trips. I will be notified of such activities. I grant permission for my child to be included in pictures connected with the program. I hereby grant permission for steps to be taken for emergency care, if need arises. These steps include attempting to contact parent, guardian or alternate adult in case of an emergency and having the child taken to the emergency room accompanied by a staff person. Any expenses for the emergency care will be the responsibility of the child's family.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Mother, Father or legal Guardian

If there are any changes to the student's records during the school year, please contact the school office at 812 663 2410.