

# EMERGENCY PROCEDURE FORM

TEACHER \_\_\_\_\_

GRADE \_\_\_\_\_

STUDENTS LAST NAME

FIRST

MIDDLE

BIRTHDATE

ADDRESS: \_\_\_\_\_ APT \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ HOME/WORK FAX# \_\_\_\_\_

NAME OF PARENTS/GUARDIANS WITH WHOM PUPIL RESIDES:

FATHER \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

MOTHER \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

**In the event a parent cannot be reached, please contact any guardian listed below who may assume responsibility:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

Please list any person(s) that are AUTHORIZED to pick up my child	Please list any person(s) that are NOT AUTHORIZED to pick up your child

**CURRENT MEDICATION(S)** \_\_\_\_\_

**PHYSICIAN'S NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**DENTIST'S NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For the purposes of such procedures and treatments, my child's blood type is \_\_\_\_\_ and my child has the following allergies or other medical problems (if any) \_\_\_\_\_

**RELEASE AND INDEMNIFICATION:** I release and waive, and further agree to indemnify, hold harmless or reimburse **The Highlands School, Inc.**, the individual members, agents, employees and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the child's participation in the activities or rendering of emergency medical procedures or treatment, if any.

If, in the event of a medical or other emergency, I am unable to be reached by telephone at my home or work telephone numbers listed above; I authorize the activity supervisor(s) to attempt to contact me through the emergency contacts listed above. I HAVE READ AND UNDERSTAND THE ABOVE.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date