

Waupun Area School District
Emergency Medical Information
2017-2018

Student Name: _____
 Legal Last Name Legal First Name Legal Middle Name

Birth Date: _____ Gender: Male Female

School: MVP RRI SAGES JR/SR High Grade: _____

Student Address: _____ City: _____

Household Phone Number: _____ Cell: _____

Additional Phone Contact Number: _____

If emergency treatment is required and the school is unable to reach either me, or the emergency contact person, I authorize school personnel to call:

Health Care Provider: _____ Phone: _____

Dentist: _____ Phone: _____

and/or, if necessary, an ambulance and the doctor on call at the nearest medical facility. I do also hereby authorize (check as appropriate):

Physical Treatment

Dental Treatment

I understand that expenses incurred for emergency treatment and/or transportation are the responsibility of the parent/guardian.

Parent/Guardian Signature

Date

**In the event of an emergency this form is copied and sent with your child
to the nearest emergency medical provider.**