

**TAHOLAH SCHOOL DISTRICT #077
EMERGENCY INFORMATION**

Student Name: _____ Male _____ Female

Address: _____ Home Phone: _____

Parent/Guardian that Child lives with:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

In case of illness, emergency or accident and parent/guardian cannot be located, the following adults are authorized to act on behalf of the parent/guardian.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Physician's Name _____ Medical Coverage _____ ID# _____

Address _____ Physician's Phone _____

Check one of the following:

___ In the event of an emergency, when a parent/guardian is unavailable , I authorize School personnel to make arrangements for my child to receive medical/hospital care including necessary transportation in accordance with their best judgement. I authorize the physician named above to undertake such care and treatment as it is considered necessary. In the event said physician is unavailable I authorize such care and treatment to be performed by licensed physician or surgeon. I agree to pay all costs incurred and a result of the forgoing.

___ I do not choose the above statement and desire the following action in the event of an emergency.

_____.

Parent/Guardian Signature

Date