

Emergency Contact Information and Emergency Medical Treatment Consent Form

Dear Parent or Legal Guardian: The purpose of this electronic form is threefold: (1) For MPH to have immediate access to your most up-to-date contact information in case of an emergency. (2) For you to provide MPH consent to care for your child in case of a medical emergency (3) For you to update MPH with the most immediate medical information during the course of the year. The information you supply is protected under the Family Educational Rights and Privacy Act (FERPA) and will only be disclosed to another teacher or staff member of MPH if she or he has a legitimate educational need to the information.

Note this form includes three sections: (1) Emergency Contact information (2) Emergency Medical Consent and (3) Confidential Update information. On this form parents and legal guardians will be required to sign electronically, by typing their legal name after /s/. For example, Mary Smith would sign as follows: /s/ Mary J. Smith. By signing electronically you are agreeing that your electronic signature may not be invalidated solely on the basis that the signatures were electronically obtained. Note this electronic data format is designed as an optional convenience for parents and a means for MPH to maintain accurate emergency data. If you have any questions, please call the health office at 446-2452, ext. 127.

Each section must be completed and signed before the start of school (or for new enrollees during the school year-before attending classes).

1. Emergency Contact Information

Student's Name _____ Birth Date _____
last first middle

Home Address _____
Number and street city state zip

Student resides with: Both parents Father Mother Other

****Please complete telephone numbers only if different from enrollment information**

Parent Full Name (contact first) _____	Home Phone
	Work Phone
	Cell Phone
	Beeper
Parent Full Name _____	Home Phone
	Work Phone
	Cell Phone
	Beeper
Guardian Full Name _____	Home Phone
	Work Phone
	Cell Phone
	Beeper

The information that I provided is valid and accurate. Signature _____ Date _____

2. Emergency Medical Consent

Insurance Information:

Name of Insurance Company and Policy Holder _____

Policy # _____ Group # _____ Phone # (if authorization is needed) _____

List allergies and treatment _____

Date of last tetanus _____

Healthcare Provider _____

For the 2010-2011 school year, I hereby grant permission to a representative of MPH to secure proper medical/dental treatment for my son/daughter in the event of a medical emergency, provided they are unable to communicate with me, and if, according to their best professional judgment, further delay might jeopardize the welfare of my son/daughter. Accordingly, I absolve and hold harmless MPH with regard to any and all liability relating to said treatment. Further, I understand that I am responsible for providing the primary medical insurance for my child and for any payment of any medical expenses for my child that are incurred and not covered by any additional insurance.

Date _____

Signature _____

Relationship to student _____

3. Confidential Medical History and Update

1) Is student being treated for any new medical conditions? YES/NO

If yes, explain _____

2) Has the student had any significant illnesses, injuries, concussions, or broken bones in the past year? YES/NO

If yes, explain _____

3) Has the student been hospitalized for any reason in the past year? YES/NO

If yes, explain _____

4) Is the student currently taking any medications/herbal remedies? YES/NO

If yes, explain _____

5) Are there social concerns that we should be aware of? YES/NO

If yes, explain _____

ADDITIONAL

INFORMATION/COMMENTS: _____

The information that I provided is valid and accurate. Signature _____ Date _____