

MOUNT VERNON CITY SCHOOLS - STUDENT EMERGENCY FORM

Student's Name:

Last First Middle Grade Birthdate

Custodial Parent/Guardian Name Address Home Phone

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

| Name | Business Address | Business Phone |
|--------------|------------------|----------------|
| Mother _____ | | |
| Father _____ | | |

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

| Name | Address | Phone | Name | Address | Phone |
|-------|---------|-------|-------|---------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |

Please list names of other children in school:

| Name | School | Teacher | Grade |
|-------|--------|---------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc.:

| | | |
|--------------------|---------|-------|
| _____ | _____ | _____ |
| Preferred Doctor | Address | Phone |
| _____ | _____ | _____ |
| Preferred Dentist | Address | Phone |
| _____ | _____ | _____ |
| Preferred Hospital | Address | Phone |

CONSENT STATEMENT:

I, the undersigned, do hereby authorize officials of Mount Vernon City Schools to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Custodial Parent or Guardian Date

REFUSAL TO CONSENT:
I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Custodial Parent of Guardian Date