EMERGENCY MEDICAL RELEASE FORM (EMT)

This form is to be used in the event of an emergency and you CANNOT be reached. When completed, return it to the school.

I _____, _____ of
(Parent or Guardian's Name) (Relationship)

Student Name:_____**Date of Birth:**_____

Hereby authorize in advance any necessary medical treatment needed during the 2021-2022 school year.

_____	_____	_____
(Emergency Contact Name #1)	(Phone 1)	(Phone 2)
_____	_____	_____
(Emergency Contact Name #2)	(Phone 1)	(Phone 2)
_____	_____	_____
(Emergency Contact Name #3)	(Phone 1)	(Phone 2)

Medical Provider:_____

Medical Conditions:_____

Allergies:_____

Asthma:_____

Heart Condition:_____

Seizure Disorder:_____

Diabetes:_____

Specialty Diet:_____

Other: _____

_____
PARENT OR GUARDIAN'S SIGNATURE