

20____ - 20____
EMERGENCY CONTACT FORM

Child's Full Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	School District	Grade	
()	()	()	()
Home Phone	Work Phone	Cell Phone	Other Phone
Address	E-mail Address		
City, ST ZIP Code	Social Security Number		

Alternative Emergency Contacts

Primary Emergency Contact	Relationship	Secondary Emergency Contact	Relationship
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
()	()	()	()
Cell Phone	Other Phone	Cell Phone	Other Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

Current Medications

Treatment Authorization

I hereby authorize a representative of CLASS Academy/Signore Center to act as my agent to secure medical treatment for my son/daughter _____, a minor for whom I am responsible, at the Medical Center and/or any other medical facility when in the opinion of CLASS Academy/Signore Center representative such emergency treatment is deemed necessary. The authorization is given only for the time my son/daughter is in attendance or coming to or from CLASS Academy/Signore Center and only under the circumstance I (we) can not be contacted. I also fully understand a vehicle owned by a member of CLASS Academy/Signore Center may be used to transport my child to a medical facility as indicated above. In case of extreme emergency an ambulance may be required and I (we) agree to be responsible for the cost of the ambulance. I hereby agree to hold CLASS Academy/Signore Center harmless in exercising their judgment in authorizing such emergency medical treatment. Said CLASS Academy/Signore Center representatives are specifically authorized to sign any required emergency hospital forms in my behalf.

Parent's/Guardian's Signature	Date
CLASS Academy/Signore Center is permitted to administer Tylenol/Tylenol substitute to my child:	
	Parent's Initials
Parent's/Guardian's Signature	Date
CLASS Academy/Signore Center Signature	Date