

## New Bedford Academy – 20\_\_-20\_\_ School Year Emergency & Medical Form

<b>Student Name:</b>	<b>Grade:</b>
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone Number With Area Code:</b>	
<b>Mother's/Guardian's Name:</b>	
<b>Daytime Phone #:</b>	<b>Cell:</b>
<b>Father's/Guardian's Name:</b>	
<b>Daytime Phone #:</b>	<b>Cell:</b>

***Student will only be released to people listed above and below. Include childcare provider. In case of illness, if parents/guardians cannot be reached the below persons will be contacted in case of emergency. There must be someone who can be reached during the day on your child's emergency form.***

Name	Relationship to Student	Phone Numbers w/ Area Code		
		Daytime	Cellular	Pager

Allergies: Asthma  , Bee Sting  , Food \_\_\_\_\_, Medication \_\_\_\_\_  
 Other \_\_\_\_\_ Any known medical problem: \_\_\_\_\_

Any current medication student is taking: \_\_\_\_\_

Any other info school should know: \_\_\_\_\_

**EMERGENCY: I give permission to NEW BEDFORD ACADEMY to secure emergency medical and/or emergency surgical treatment for the minor child named above while in its care. I will be financially responsible for the emergency care and/or transportation of said minor, New Bedford Academy will not be so liable.**

Name, address & phone number of Child's Physician or Health Clinic: \_\_\_\_\_  
 \_\_\_\_\_

Hospital and phone number preferred for emergency treatment: \_\_\_\_\_  
 \_\_\_\_\_

Health Insurance Policy Name and Number: \_\_\_\_\_  
 Date of last tetanus shot: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_