

Liber Community School Emergency Contact and Medical Information

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____		_____	
Parent's/Guardian's Name		Parent's/Guardian's Name			
() _____	() _____	() _____	() _____		
Home Phone	Work Phone	Home Phone	Work Phone		
_____		_____			
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			

Alternate Emergency Contacts

_____		_____			
Primary Emergency Contact		Secondary Emergency Contact			
() _____	() _____	() _____	() _____		
Home Phone	Work Phone	Home Phone	Work Phone		
_____		_____			
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			

Medical Information

Hospital/Client Reference

_____	_____
Physician's Name	Phone Number
_____	_____
Insurance Company	Policy Number

Allergies/Special Health Conditions

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of an accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature Date

Witness Signature Date