

# UNIVERSITY SCHOOLS EMERGENCY CONTACT FORM

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Emergency Contacts (other than parents)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

- Does your child take medication daily? \_\_\_\_ Yes \_\_\_\_ No (Describe) \_\_\_\_\_

- Do you give permission for your child to take non-aspirin (acetaminophen)? \_\_\_\_ Yes \_\_\_\_ No

- Does your child have asthma? \_\_\_\_ Yes \_\_\_\_ No Does your child carry an inhaler? \_\_\_\_ Yes \_\_\_\_ No

- Describe any significant allergies \_\_\_\_\_

- Describe any other physical limitations or significant health problems (diabetes, epilepsy, heart condition and vision/hearing concerns) and/or special instructions school officials need to know \_\_\_\_\_

- Do you give your permission to school supervisory personnel to seek emergency medical attention for your child, \_\_\_\_\_, in your absence? \_\_\_\_ Yes \_\_\_\_ No

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## **INSURANCE COVERAGE IS NOT OPTIONAL**

School -insurance can be purchased through Student Services. I fully understand University Schools does not provide any accident or health insurance coverage for my student while participating in interscholastic activities.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_