

6th Grade Health and Safety Day

Medical/Insurance Information

Please print neatly and write N/A if the answer is none or not applicable.

My child, _____, has permission to attend the **Health and Safety Day** trip on Tuesday, September 24, 2013.

Home Address: _____

Home Phone: _____
Work Phone: _____

Medical Insurance Carrier _____

Subscriber _____ Group # _____

Student's Doctor's Name _____

Office Phone _____ Answering Service _____

IN CASE OF AN EMERGENCY, THE CLOSEST HOSPITAL WILL BE USED UNLESS YOU GIVE OTHER DIRECTIONS: _____

List any other medical information you feel is necessary (include any medications):

Emergency Medical Consent

I hereby authorize the Junior High Principal, or his designee, the authority to approve emergency medical treatment in the event I cannot be contacted.

Parent Signature _____ Date _____

****Return these forms and money to your Advisory teacher by
Wednesday, September 18th, 2013***