



STUDENT EMERGENCY CONTACT

Parents,

It is essential that we have current phone numbers to contact you in the case of an emergency at the **K. D. Wesley 2017 Summer Youth Program**. We also need names and telephone numbers of relatives or friends that can pick your child from school if you are unavailable.

Student's Name _____

Grade _____

Date of Birth _____

Home Address _____

Home Telephone Number _____

Cell Phone Number _____

Father's Name _____

Mother's Name _____

Home Phone _____

Work Phone _____

Home Phone _____

Work Phone _____

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact _____

Secondary Emergency Contact _____

Home Phone _____

Work Phone _____

Home Phone _____

Work Phone _____

Additional Emergency Contact _____

Additional Emergency Contact _____

Home Phone _____

Work Phone _____

Home Phone _____

Work Phone _____

HEALTH & MEDICAL INFORMATION

Physician's Name _____

Phone Number _____

Insurance Company or Medicaid _____

Policy Number _____

Please indicate existing health conditions listed below:

Asthma

Depression

Sickle Cell Disease

Diabetes

Cerebral Palsy

Anxiety

Irritable bowel

Spina Bifida

Heart Condition

Autism

Seizures

Bipolar

ADD/ADHD/TDA/TDAH

Panic attacks

Severe Allergic Reaction

Other medical condition(s): _____

List any medication(s) that your child takes: _____

List specific allergy problems: _____

Food allergies: _____

Drug allergies: _____

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 to treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature: _____

Date: _____

Witness Signature: _____

Date: _____