



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 2018 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Irritable bowel | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Seizures | <input type="checkbox"/> Bipolar |
| <input type="checkbox"/> ADD/ADHD/TDA/TDAH | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Severe Allergic Reaction |
| <input type="checkbox"/> 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: _____