John Stanford International School

STUDENT INFORMATION SHEET 2009-2010
Extended Emergency/Field Trip Medical Information

Student Name: _____ _____
(Last name) (First name)

Address: _____

Mother/Guardian: _____ Phone: _____

Work phone: _____ Cell phone: _____

Father/Guardian: _____ Phone: _____

Work phone: _____ Cell phone: _____

Emergency Contact: _____ Phone: _____

Guardian neighbors to whom child can be released in an emergency:

Name: _____ Phone: _____

Work phone: _____ Cell phone: _____

Name: _____ Phone: _____

Work phone: _____ Cell phone: _____

Name: _____ Phone: _____

Work phone: _____ Cell phone: _____

Out of state person to call. In case of earthquake, local phones may not work; long distance may.

Name: _____ Phone: _____

Work phone: _____ Cell phone: _____

Hospital or Physician: _____ Phone: _____

Health Insurance Provider: _____ Policy #: _____

MEDICAL RELEASE: In the event of a medical emergency and I cannot be reached to meet my child at the hospital, I hereby consent to have my child treated immediately.

Signed: _____ Date: _____

Relationship: _____ Teacher/Rm#: _____