

NORTHGATE SCHOOL DISTRICT
Health Room Emergency Card for Illness or Accident

Student Last Name _____ First Name _____

Birthdate _____ Grade _____ Teacher _____ Male _____ Female _____

Medication Allergies _____

Food/Environmental Allergies _____

Special Health Problems or Medical Diagnoses _____

Please list phone numbers in order of call preference:

First Call Name _____ Relation to Student _____

Cell # _____ Home # _____ Work # _____

Second Call Name _____ Relation to Student _____

Cell # _____ Home # _____ Work # _____

Third Call Name _____ Relation to Student _____

Cell # _____ Home # _____ Work # _____

In case of minor illness when neither parent can be contacted, my child can be released to the persons named below.

The Northgate School District is not responsible for transportation. (Name two persons)

Name _____ Relation _____

Cell # _____ Home # _____ Work # _____

Name _____ Relation _____

Cell # _____ Home # _____ Work # _____

⇨ OVER ⇨

MEDICAL AUTHORIZATION

TO WHOM IT MAY CONCERN: If neither parent can be contacted in the case of serious illness or injury, I hereby authorize representatives of the Northgate School District to act as my agent to secure emergency medical treatment for _____, a minor child for whom I am responsible, when in the opinion of the school representatives such emergency medical treatment is deemed appropriate during the time when my child is attending, going to, or leaving school. I hereby agree to hold the Northgate School District and its representatives harmless for exercising its judgment in authorizing such emergency medical treatment, and said representatives are specifically authorized to sign any required emergency hospital treatment forms on my behalf. I also agree to assume responsibility for any charges incurred as a result of such treatment.

Name of Family Physician _____

Telephone Number _____

Date _____ Signature of Parent/Guardian _____