UnionPointeAcademy

Emergency Contact

School Year: _____

Student First Name | **Student Middle Name** | **Student Last Name** | **Date of Birth** (MM/DD/YYYY)

Student Home Address | **City** | **State** | **Zip Code**

Parent Name | Cell Phone | Work Phone

Parent Name | Cell Phone | Work Phone

Alternative Emergency Contact

Primary Contact Name | Relationship | Phone

Secondary Contact Name | Relationship | Phone

Medical Information

Hospital/Clinic Preference | Phone

Address | City | State | Zip Code

Primary Physician | Phone

Address | City | State | Zip Code

Dentist | Phone

Address | City | State | Zip Code

Allergies / Special Health Information:

Please initial one option:

_____ I Authorize; *or* _____ I DO NOT Authorize	all medical and surgical treatment or 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 of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.

Parent (Print Name) | **Parent** (Signature) | **Date**