COE-BROWN NORTHWOOD ACADEMY
2007-2008 EMERGENCY FORM FOR THE COE-BROWN OUTING CLUB

Student Name _____ _____ **D.O.B.** ___/___/___ _____
Last **First** **Grade**

PARENT/GUARDIAN INFORMATION:

Mother's Name_____ **Home Phone (_____)**_____

Cell (_____)_____

Father's Name_____ **Home Phone (_____)**_____

Cell (_____)_____

EMERGENCY CONTACTS (in the event that the above parent or guardian cannot be reached):

Please list two adult relatives or neighbors who can assume temporary care for your child.

CONTACT 1: Name:_____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

CONTACT 2: Name:_____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

MEDICAL INFORMATION:

Student's Doctor _____ **Phone #** _____

City/State _____

Please list current medications: _____

_____

Please list recent/chronic medical conditions/physician: _____

_____

Allergies: _____

MEDICATION: A Coe-Brown Medication Administration Form is necessary for any medications to be used by the student during the school day. Copies of this form are available from the school nurse, main office or our website.

***** I give permission for the school nurse to give (check one or both if desired): Tylenol (Acetaminophen) _____ or Advil (Ibuprofen) _____ if needed for minor pain/discomfort.**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me or the people whose names I have given, I hereby authorize the school to make whatever arrangements necessary, which may mean taking my child to the hospital out-patient department for treatment.

Medical Insurance Company: _____ **Policy Number:** _____

Parent/Guardian Signature _____ **Date** _____