

Emergency Medical Information and Permission Slip

SAIL: Students Are Inspired Learners



Parents' Names _____ Phone (____) _____ - _____
 Street _____ City _____ Zip _____ Cell (____) _____ - _____
 Physician _____ Phone (____) _____ - _____
 Office Address _____

Insurance Information:

Company Name _____ Policy Number _____
 Name of Insured _____

Health History

Student's Name _____ Birth Date ____/____/____ Age ____
 Allergies: Food, medicines, insects, plants Yes ____ No ____ Explain _____
 Yes No Yes No Yes No
 Diabetes ____ ____ Hemophilia ____ ____ Hepatitis ____ ____
 Asthma ____ ____ Heart Trouble ____ ____ High Blood Pressure ____ ____
 Cancer/Leukemia ____ ____ Convulsions/Seizure ____ ____
 List any medications that your child is currently taking, including frequency and dosage _____
 Date of last tetanus shot ____/____/____

Student's Name _____ Birth Date ____/____/____ Age ____
 Allergies: Food, medicines, insects, plants Yes ____ No ____ Explain _____
 Yes No Yes No Yes No
 Diabetes ____ ____ Hemophilia ____ ____ Hepatitis ____ ____
 Asthma ____ ____ Heart Trouble ____ ____ High Blood Pressure ____ ____
 Cancer/Leukemia ____ ____ Convulsions/Seizure ____ ____
 List any medications that your child is currently taking, including frequency and dosage _____
 Date of last tetanus shot ____/____/____

Student's Name _____ Birth Date ____/____/____ Age ____
 Allergies: Food, medicines, insects, plants Yes ____ No ____ Explain _____
 Yes No Yes No Yes No
 Diabetes ____ ____ Hemophilia ____ ____ Hepatitis ____ ____
 Asthma ____ ____ Heart Trouble ____ ____ High Blood Pressure ____ ____
 Cancer/Leukemia ____ ____ Convulsions/Seizure ____ ____
 List any medications that your child is currently taking, including frequency and dosage _____
 Date of last tetanus shot ____/____/____

As the parent or legal guardian, I give permission for _____ to participate in SAIL activities and classes. I assume all risks incident to my child's involvement in SAIL activities and do release any and all claims for damages caused in any injury to my child as result, direct or indirect, of these activities. I agree to hold SAIL, its staff, and volunteers, blameless and release them from all damages and expenses incurred as a result of my child's participation in any SAIL activity. In the case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby authorize the licensed health-care practitioner selected by the adult SAIL leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child. I will assume responsibility of all medical expenses, if any incur.
 This permission shall remain in effect until August 31, 2012.

Signature of parent/guardian _____ Date _____