



*Emergency and Medical Consent Form*

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*2022-2023 School Year*

**Student Information**

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Student's Name	Date of Birth	Gender	Grade
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Street Address	City	State	Zip Code
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Student Social Security Number (required by clinic)

**Parent/Guardian Information**

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Mother's Name	Employer
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Home Phone	Work Phone	Cell Phone
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Father's Name	Employer
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Home Phone	Work Phone	Cell Phone
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**Additional Contact Information**

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Contact Name (if unable to reach parent/guardian)	Relationship
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Home Phone	Work Phone	Cell Phone
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Family Physician	Phone Number
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Clinic Name	Clinic Address
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Insurance Carrier	Policy Number
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Policy Holder's name	Policy Holder's Birth Date	Policy Holder's SSN
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*NOTE: The school office must be provided with a clear copy of the insurance card for clinic and pharmacy purposes.*

**PLEASE NOTIFY GPLHS WHENEVER ANY OF THE ABOVE INFORMATION CHANGES**

**Signatures**

In case of an accident or illness, consent is hereby given to treat this student as required. We accept the responsibility for all costs thus incurred, and waive any claim against the school, association, its staff or chaperones for any and all causes which may arise in connection with the above.

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Parents/Guardian Signature

Date

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Parents/Guardian Signature

Date

The well-being of your son/daughter is very important to us. In case of serious accident or illness at school or a school function, the school Administrator or designee will send or take your son/daughter to an appropriate emergency care center. If, in his/her opinion, emergency medical care is required and you, the parent or legal guardian, cannot be reached, consent will be given for treatment. The legal responsibility for medical expenses incurred on behalf of your son or daughter at the medical care facility is that of a parent or guardian.

In order to care for your child in the most effective way, please supply the following additional information.

**Physical Condition**

Please state any existing physical condition this student has that could require emergency medical treatment. Please also list any special request you wish to make to help us aid this student in case of an emergency.

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Please list any maintenance or daily medications your son/daughter is taking and indicate dosage.

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Please list any prescription medications or over-the-counter medications your son/daughter should not take.

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Please list any chronic illnesses and explain the symptoms and treatment.

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