



ACADEMIC EXCELLENCE / CHARACTER DEVELOPMENT / CULTURAL AFFIRMATION

EMERGENCY CONTACT FORM

PERSON(S) TO WHOM THE STUDENT MAY BE RELEASED (other than parent/guardian):

Student/Grade: _____

Name	Relationship	Telephone Number
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Name	Relationship	Telephone Number
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Name of Student's Physician/Medical Assistance Benefits	Policy Number
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Allergies (Including Reaction to Medication)	Date of last Tetanus Shot
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Medical or Dietary Information Necessary in an Emergency Situation

Medication(s) Used

Additional Information on Special Needs of Child:

Should an emergency arise, it may be necessary to seek care for your child before the staff can contact you. Such care can be provided only if you sign the authorization below. Either the authorization or a statement of the reason for not allowing it should accompany this emergency health form.

In case of an emergency, I hereby authorize the official representative of Lotus Academy to permit a physician/hospital to administer emergency or surgical care, and I further authorize any licensed physician, medical facility or trained emergency technician to administer emergency or surgical care. Finally, I give permission to an authorized representative of my child's school to administer first-aid procedures in case of minor illness or injury.

Signature of parent/guardian: _____

Date: _____