

Second Stride and or Moserwood Farm Emergency Medical Information and Release Form

If emergency medical care is required for: _____
And if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency care as deemed necessary by emergency medical personnel, a physician or medical facility providing treatment.

RELATED INFORMATION:

Spouse or, if student is a minor,

Father: _____

Home Address: _____ Phone: _____

Work Address: _____ Phone: _____

Mother (if information is different)

Home Address: _____ Phone: _____

Work Address: _____ Phone: _____

Guardian (if applicable)

Home Address: _____ Phone: _____

Work Address: _____ Phone: _____

If Parents or Guardian are not available, contact: _____

Phone: _____

Family Physician: _____ Phone: _____

Allergies: _____

Taking the Following Medications: _____

For: _____

Students Birth Date: _____

Medical Insurance Company: _____

Hospital to which you would like student transported: _____

As a parent/guardian, I understand that every effort will be made to contact me in the event of an accident or illness.

Signature

Date