

Emergency Contact and Medical Information for a Child

| | | | | |
|--------------------------------|--------------------------------|------------------|------------------|--|
| <hr/> Child's Name | <hr/> Date of Birth | M | F | |
| | | | Sex | |
| <hr/> Parent's/Guardian's Name | <hr/> Parent's/Guardian's Name | | | |
| () | () | () | () | |
| <hr/> Home Phone | <hr/> Work Phone | <hr/> Home Phone | <hr/> Work Phone | |
| <hr/> Address | <hr/> Address | | | |
| <hr/> City, ST ZIP Code | <hr/> City, ST ZIP Code | | | |

Alternative Emergency Contacts

| | | | |
|---------------------------------|-----------------------------------|------------------|------------------|
| <hr/> Primary Emergency Contact | <hr/> Secondary Emergency Contact | | |
| () | () | | |
| <hr/> Home Phone | <hr/> Work Phone | <hr/> Home Phone | <hr/> Work Phone |
| <hr/> Address | <hr/> Address | | |
| <hr/> City, ST ZIP Code | <hr/> City, ST ZIP Code | | |

Medical Information

Hospital/Clinic Preference

| | |
|-------------------|---------------|
| Physician's Name | Phone Number |
| Insurance Company | Policy Number |

Allergies/Special Health Considerations:

I give permission for my child to go on field trips. I release the Glynn Academy Band Program and individuals from liability in case off accident during activities related to Glynn Academy as long as normal safety procedures have been taken.

| | |
|-------------------------------------|------------|
| <hr/> Parent's/Guardian's Signature | <hr/> Date |
|-------------------------------------|------------|

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

| | |
|-------------------------------------|------------|
| <hr/> Parent's/Guardian's Signature | <hr/> Date |
|-------------------------------------|------------|

| | |
|------------------------------|-----------------------------|
| <hr/> Notary Signature/Stamp | <hr/> My Commission Expires |
|------------------------------|-----------------------------|