

**EMERGENCY TREATMENT**

To All Parents: Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

**EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Number: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Father's last 4 of SS#: \_\_\_\_\_ Mother's last 4 of SS#: \_\_\_\_\_  
Father Cell Number: \_\_\_\_\_ Mother Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Primary Care Doctor: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Pharmacy Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Insurance Name: \_\_\_\_\_  
Policy and Group Numbers: \_\_\_\_\_  
**ALLERGIES:** \_\_\_\_\_

**Medications Currently Taking:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions for School/Coach/Medical Staff:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

Contact #1 Name: \_\_\_\_\_ Relationship To Student: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Additional Contact Phone #: \_\_\_\_\_  
Contact #2 Name: \_\_\_\_\_ Relationship To Student: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Additional Contact Phone #: \_\_\_\_\_  
Contact #3 Name: \_\_\_\_\_ Relationship To Student: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Additional Contact Phone #: \_\_\_\_\_

**Consent Statement: Authorizing Treatment**

I authorize the staff and/or coaches of Living Water Christian School to authorize treatment for my child

Full Name Of Child: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_