



HIGHLANDER
CHARTER SCHOOL
Learning as diverse as our students

Grade 09-10: _____

EMERGENCY AUTHORIZATION FORM 2009-2010

This form will be used to give permission to treat your child in an emergency situation. Highlander will use this form for the Health Office, field trips, student activities, and physical education. Every attempt will be made to contact parents/guardians of the child.

Student's Name: _____ Date of Birth _____

Residential Address: _____

Mailing Address: _____

Parent(s) or Legal Guardian(s):

Name: _____ Relation: _____ Lives with child? Yes No

Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____

Name: _____ Relation: _____ Lives with child? Yes No

Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____

Additional authorized person(s) who may take responsibility for your child if you are not available in an emergency. THIS INCLUDES THOSE PEOPLE ALLOWED TO PICK UP THE CHILD FROM SCHOOL.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Address: _____

Student's Allergies (medications, food, and environmental): _____

Medical Condition(s) (please include medications, disease, infections, etc.): _____

Health Insurance Company: _____ Policy Number: _____

PERMISSION TO TREAT: I grant permission to Highlander Charter School or its authorized representatives, to furnish such medical care as _____ may require, including examinations and treatment. This permission is conditioned upon the understanding that in the event of serious illness or the need for emergency hospital care, the Director will use all reasonable efforts to contact me. I understand that I am responsible for any costs incurred during an emergency.

Parent/Guardian Signature: _____ Date: _____