

**Please Use One
Form Per Student**

**CEDAR VALLEY CATHOLIC SCHOOLS
HEALTH/EMERGENCY INFORMATION SHEET
2009-2010**

Student Name _____ **School** _____ **Grade** _____

In case of an emergency, which parent/guardian should be called first? _____

Parent/Guardian #1 _____ Home Phone _____ Cell _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian #2 _____ Home Phone _____ Cell _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

In the event that my child requires medical care when I am unable to be reached, I hereby give my consent for medical or surgical treatment to _____ (name of hospital) and to _____ (name of doctor) or his/her designee to provide this care.

In the event that my child may require dental and/or dental surgical care while I am unable to be reached, I hereby give my consent for dental and/or dental surgical care to _____ (name of hospital) and to _____ (name of dentist) or his/her designee to provide this care.

I agree to pay all costs and fees contingent on any emergency medical or dental care for my child secured or authorized under this consent. I understand that every effort will be made to notify me immediately in case of an emergency. I understand that this form will be presented upon admission for treatment.

Emergency Contacts

In case of illness or injury and we are unable to reach you, who should be called?

Name #1 _____ Relationship to child: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Name #2 _____ Relationship to child: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Name #3 _____ Relationship to child: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Medications child is currently taking? _____

Are there any medical conditions that we should be aware of? _____

Signature of Parent/Guardian _____ **Date** _____

Medical Providers

Medical Doctor _____ Phone # _____ Address _____

Dentist _____ Phone # _____ Address _____

Eye Doctor _____ Phone # _____ Address _____

Medical Insurance: Yes ___ No ___ Insurance Company _____ Policy # _____

Dental Insurance: Yes ___ No ___ Insurance Company _____ Policy # _____

Insurance Waiver

The school does not provide health or accident insurance for injuries incurred. If you are interested in obtaining insurance, please contact the school office for information concerning Healthy Kids in Iowa (HAWK-1). If you have adequate insurance, please sign this waiver.

Signature of Parent/Guardian _____ **Date** _____