

Glen Lake Secondary School
3375 W Burdickville Rd
Maple City, MI 49664
231 334-3061, Ext 1

EMERGENCY HEALTH INFORMATION/PARENT PERMISSION

Name of Student _____ Teacher _____

Address _____

Mother's Name _____ Father's Name _____

In case of an emergency parents may be reached at:

_____ Home Phone _____ Mother's work phone

_____ Neighbor/Friend _____ Father's work phone

Hospital Preference _____ Doctor _____

Phone _____

1. Underline diseases child has had: measles, mumps, whooping cough, chicken pox, scarlet fever, rheumatic fever, meningitis, infantile paralysis, bronchitis, pneumonia, tonsillitis.

2. Does child have any physical disabilities? If so, what:

3. Allergies? If so, what: _____

Are medications given? Kind? _____

4. Sensitive to insect bites? _____

5. Take medications of any kind? If so, list here: _____

(All medications must be labeled and given to the teacher)

6. Is child under a doctor's care now? _____ If yes, explain _____

7. Date of last tetanus shot? _____

8. Does your child wet the bed at night? _____

9. Does he walk in his sleep? _____

10. In the event of an accident or illness and we, the parents, cannot be contacted, I hereby authorize the Glen Lake Teaching Staff/Administration to seek appropriate medical aide for my child _____ on advice of any physician (M.D. or D.O.) licensed to practice in the jurisdiction in which our child is located.

Student's Name _____ Birthdate _____

In the event of an emergency and parents cannot be reached it is necessary for you to provide names and phone numbers of two people who we could call:

Name _____ Phone # _____

Name _____ Phone # _____

Complete Insurance Information:

Name of Company _____

Address _____

Subscriber Name _____

Policy # _____

Contract # _____

Group # _____

Parent Signature _____ Date _____