

The Cooper School

EMERGENCY CARD & MEDICAL RELEASE FORM, 2015-2016 SCHOOL YEAR

Child's Legal Name (Last, first, middle initial) _____
 Birth Date _____
 Age _____
 Gender _____

Child's Home Address _____
 City, Zip _____
 Home Phone _____

Mother's Name (or Legal Guardian) _____
 Home Phone Number _____
 Cell Phone Number _____

Mother's Home address (if different from child) _____
 City, Zip _____
 Mother's Employer _____
 Work Phone Number _____

Father's Name (or Legal Guardian) _____
 Home Phone Number _____
 Cell Phone Number _____

Father's Home address (if different from child) _____
 City, Zip _____
 Father's Employer _____
 Work Phone Number _____

Student Resides with:

- Mother & Father
 Mother
 Father
 Joint Physical Custody
 Other: _____

Court Order prohibits the release of child to _____ *(copy **must** be on file at school)*

Please list any health problems, allergies, special problems or conditions that we need to be aware of: _____

Name of child's physician: _____ Phone _____

Name of child's dentist: _____ Phone _____

In case child listed above becomes ill or is injured at school and parents cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Additional persons allowed to pick up child from school: (we will not release child to any other person)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I, the parent or guardian of the above named child, hereby give consent to and authorize any medical doctor or dentist and others working under their supervision to treat my child for any injury or illness. I further agree to pay any and all such dental and medical costs, expenses and charges and to release and discharge and hold harmless The Cooper School, its employees and agents from and against any liability or any claim or demand arising from or connected with such medical treatment or care.

Parent or Guardian Signature

Date