

# The Cooper School EMERGENCY CARD & MEDICAL RELEASE FORM

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 (please attach a list if necessary): \_\_\_\_\_

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 \_\_\_\_\_