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RPOSE: To enable parents/guardia	ns to AUTHO	RIZE emergency trea	tment fo	r a child who beco	mes ill or	injured	while und	ler school autho
en parent's cannot be reached. Uped to identify the medical options	oon completio	on, this form must be	e returne	d to the school. Th	ne original	form ar	nd any cop	
Last Name:	Name:				er: 🗌 N		DOB:	
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TOTAL OF SCHOOL ATTEND		NE - STUDENT EN	1ERGENO	CY CONTACT INF	ORMATI	ON		
In the event your child become	s sick or injure	d and needs to be sen	t home or	to the ER, the school	ol health of	fice will a	•	•
Parent/Guardian listed below FIRST	. Secondary co		the parent	t/guardian cannot b	Phone		KEEP THES	E NUMBERS CURR
Parent/Guardian Name:		Address:			Phone			
Check all that apply: Lives With	☐ Legal Gua				Phone			
Parent/Guardian Name:		Address:			Phone			
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Emergency Contact List		Relationship	Phone	#1	Phone	‡2		Phone #3
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3. SECT		TUDENT HEALTH		Y – Please check	арргорі	iate bo	x	
3. SECT ☐ My child has no health co	nditions incl	uding those listed	below		арргорг			
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