

MEMORIAL HALL SCHOOL  
2018 - 19 EMERGENCY PROCEDURE FORM

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Please list, in order of preference, the person to contact if your child becomes ill at Memorial Hall School.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an accident requiring emergency treatment and the parent cannot be reached, your child will be taken to the nearest Hospital.

My permission is granted on the above matter. \_\_\_\_\_  
Parent Signature

If you do not wish this procedure, please list the doctor, address and phone number we are to contact.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Office or Hospital Address \_\_\_\_\_

Please indicate if child experiences any of the following:

Convulsions \_\_\_\_\_ Allergies \_\_\_\_\_ Is child allergic to bee stings? \_\_\_\_\_

Medications: (Drug names, dosage and times administered) \_\_\_\_\_

\_\_\_\_\_

Please note any additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ will be involved in a number of activities during the school year. Utmost caution will be taken at all times to provide maximum safety for this child.

As party of the condition of enrollment, I agree that Memorial Hall School, Staff, and Board of Trustees will not be held responsible for injuries to \_\_\_\_\_ should they occur on the school premises or while the child is being transported on field trips.

\_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature

Office Use Only:

Grade: \_\_\_\_\_ Student ID# \_\_\_\_\_ Student Nickname: \_\_\_\_\_

New Student: \_\_\_\_\_ Returning Student: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_