

MEMORIAL HALL SCHOOL
2020-21 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.

Parent or Guardian Signature _____ Date: _____

Grade: _____ Student ID# _____ Student Nickname: _____

New Student: Returning Student: Homeroom Teacher: _____