

EMERGENCY MEDICAL INFORMATION SHEET

A Remarkable Experience.

Student Name

Date of Birth

Medical Release (Required by hospital and E.M.S. crews)

Should the child become ill during the time he/she is in the care of the school, or suffer an accident, the school will attempt to contact the parent immediately. Shreiner Academy will seek and secure emergency medical attention and care for the child as deemed necessary by the director or designee. The parent shall assume responsibility for payment of all medical expenses incurred including, but not limited to, all hospital, doctor and ambulance fees.

Parent Signature

Parent Printed Name

Date

Note any allergies: _____

Special medical conditions, needs and health history: _____

Currently prescribed medication taken daily: _____

Child's Pediatrician or Clinic

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Phone

Mother's Name

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Cell Phone

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Business Phone

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Home Phone

Employer's Name and Address

Father's Name

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Cell Phone

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Business Phone

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Home Phone

Employer's Name and Address

Insurance Information

Please note: The ambulance crew determines hospital destination.

Shreiner Academy's primary hospital is:

Children's Healthcare of Atlanta at Scottish Rite,
1001 Johnson Ferry Rd. NE, Atlanta, GA
404-785-5252

