

CENTRAL BUCKS HIGH SCHOOL WEST
HARLEQUIN CLUB 2010-2020
EMERGENCY INFORMATION AND CONSENT

Student Name: _____ Grade: _____ Date of Birth: _____

Student Address: _____

Parent/Guardian: _____ Home Phone: _____

Day Phone: Father: _____ Mother: _____

Cell Phone: Father: _____ Mother: _____

PERSON TO CONTACT IN CASE OF EMERGENCY, OTHER THAN PARENT OR GUARDIAN:

Name: _____ Relation: _____ Phone: _____

INSURANCE INFORMATION

Insurance Company: _____ Subscriber: _____

Policy/Group #: _____ Pre-authorization Phone Number (if needed): _____

MEDICAL INFORMATION:

Family Doctor: _____ Phone: _____

Last Tetanus Shot: _____ Wears Glasses or Contacts: _____

Chronic Conditions (i.e. asthma, diabetes, etc): _____

Known Allergies: _____

Current Medications (include inhalers): _____

Other Pertinent Information: _____

MEDICAL CONSENT FOR TREATMENT:

To whom it may concern:

In the event of an emergency requiring medical attention every effort will be made to contact me before any treatment or hospitalization is undertaken. In case we cannot be reached, we give consent for the staff to use their own judgment in securing medical aid, ambulance service, and if necessary hospital admittance.

YES: _____ NO: _____ PREFERRED HOSPITAL: _____

Parent/Guardian Signature: _____ Date: _____