

Smyth County Schools
Emergency Medical Treatment Permission Form

Student's Name: _____ **Date of Birth:** _____
Address: _____
_____ **Grade/Teacher:** _____

I give permission for the principal or his/her designee to seek emergency medical treatment for _____ (student's name) in the event of a sudden illness or injury that precludes notifying a parent or guardian. I will not hold the school system financially responsible for the emergency care and/or transportation.

***Please indicate the type of health care coverage you have for your child:**

_____ No insurance coverage
_____ School Accident Insurance
_____ Medicaid Identification number: _____
_____ FAMIS Identification number: _____
_____ Private: Name of insurance company _____
Policy Number: _____

In Case of Emergency , please notify:

Name: _____	Phone number(s): _____
	Cell: _____
Name: _____	Phone number(s): _____
	Cell: _____
Name: _____	Phone number(s): _____
	Cell: _____

Health Information

1. Primary Health Care provider and phone number:

2. List any health conditions such as heart disease, asthma, diabetes, seizures, severe allergies, etc., that your child may have:

3. Medications: List any medication and the dosage your child takes on a regular basis (such as insulin, inhalers, antibiotics, etc.)

Signature of Parent /Guardian

Date