

The Country School

341 Opening Hill Road

Madison, CT 06443

203.421.3113 Ext. 111

Health History Update Academic Year 2008-2009

**PERMANENT PERMISSION SLIP TO BE TAKEN ON
ALL FIELD TRIPS**

Student: _____ DOB: _____

Health Insurer: _____ Group #: _____ ID #: _____

Home Phone Number: _____

Mother's Work Number: _____

Father's Work Number: _____

Physician's Name: _____ Phone Number: _____

It is policy of The Country School, in cases of accident or medical emergency, to have the child treated by one of the local physicians if you are not available to take the child to your own private physician. Also, if necessary, a child may be taken to the hospital. If you have a local physician, he/she will be contacted first. Every effort is made to contact parents or local physician, but in case that is impossible, please sign the following:

WE HEREBY GREAT PERMISSION TO AUTHORIZE SCHOOL PERSONNEL TO HAVE OUR CHILD TREATED BY A READILY AVAILABLE PHYSICIAN AND/OR HOSPITAL IN CASE OF AN ACCIDENT OR OTHER MEDICAL EMERGENCY IF WE, AS PARENTS, ARE NOT AVAILABLE TO TAKE HIM/HER TO OUR OWN DOCTOR.

Parent Signature: _____ Date: _____