



Visiting Student Emergency Information

Student Name: _____

Birth Date: _____ **Age:** _____ **Sex:** _____ **Visiting Grade:** _____

Home Address: _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Mother/Guardian's Name: _____

Mother/Guardian Place of Employment: _____

Mother/Guardian can be reached at (____) _____ while student is visiting TCS.

Father/Guardian's Name: _____

Father/Guardian Place of Employment: _____

Father/Guardian can be reached at (____) _____ while student is visiting TCS.

If parents/guardians cannot be reached, call:

1. _____ (____) _____

2. _____ (____) _____

What allergies or health problems does your child have? (Bee sting reactions, asthma, food allergies, etc.)

Has your child taken any medications today? Yes _____ No _____

If YES what are they: _____

What if any medicine(s) does your child take on a regular basis? _____

Hospital Preference: _____

Family Physician: _____ (____) _____

Family Dentist: _____ (____) _____

Medical Insurance:

Company: _____ Certificate No. _____

Other Insurance: _____

Please read and sign: I hereby authorize The Country School, or its delegate, to act in my place in the event my child requires any emergency medical or surgical treatment or hospitalization during my child's visit to The Country School. I understand that the school and hospital authorities will make every effort to contact me before acting on this authorization.

Parent/Guardian's signature

Date