

SPECIAL PERMISSION FORM

In case of serious illness or injury at school, and you **cannot be reached**, the following information is needed:

Child's Name _____ Birthdate _____

Your Family Physician _____ Phone No. _____

Specific Medical Conditions and/or Allergies:

Insurance Company _____

Policy Number _____ () Private Co. () Group Plan

_____ I do not have insurance for my child. *(If you do not have insurance for your child, this box must be checked and the school may require that you purchase student insurance at a minimal cost for the school year.)*

Responsible person who can make decision in your absence:

Name

Phone Number

I GIVE PERMISSION FOR _____ TO BE GIVEN APPROPRIATE MEDICAL CARE IN CASE OF AN EMERGENCY AND I WILL ASSUME RESPONSIBILITY FOR PAYMENT OF PHYSICIANS OR HOSPITAL BILL. I WILL NOT HOLD THE SCHOOL LIABLE AND WILL ASSUME ALL FEES FOR THE MEDICAL CARE OF MY CHILD.

Signature of Parent or Guardian

Date