

Received On _____

Form 1 (Front)
Due March 19, 2010

Please circle school campus (2010-2011): US MS LS PS WN

**WOODWARD ACADEMY
STUDENT EMERGENCY CONTACT INFORMATION**

Student Name	_____			Grade (2010-2011)	_____
	Last	First	Middle	DOB	ID#
Address	_____			_____	_____
	Street			Home Phone	_____
	City	State	Zip	Student's Cell	_____

EMERGENCY INFORMATION

Mother's Name	_____	Father's Name	_____
Business Address	_____	Business Address	_____
Home Phone	_____	Home Phone	_____
Business Phone	_____	Business Phone	_____
Cell Phone	_____	Cell Phone	_____
Email	_____	Email	_____

In the event of an emergency please list 2 persons whom we may contact if we are unable to contact parents

Name	_____	Name	_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____
Business Phone	_____	Business Phone	_____
Cell Phone	_____	Cell Phone	_____

Insurance Information

Name of Insured Parent	_____	Group Number	_____
Employer	_____	Policy Number	_____
Insurance Company	_____		

Authorization and Consent to Medical Treatment

Understanding that my child may need emergency treatment during school hours or at school activities while attending Woodward Academy, I authorize the school through its nurses, athletic trainers, team physicians or other qualified persons, to administer such first aid or other minor medical treatment including over the counter medications, that shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand that the school will attempt to notify me, or my spouse, in the event of an emergency requiring immediate medical care, and if the school is unable to notify me, I consent to have my child treated by a duly qualified physician at the nearest emergency facility. This authorization applies to all school sponsored programs. I will not hold Woodward Academy financially responsible for the emergency care and/or transportation of my child. I acknowledge that it is my responsibility to keep my child's health records current. I also understand the obligation to provide medical insurance for my child rests with me as a parent or guardian.

Release of Information

I, as the parent or guardian of the above minor child, acknowledge that Woodward Academy has received health information and records regarding my child from me and/or from other sources. I hereby authorize faculty members, nurses, athletic trainers, counselors, administrators, contractors, and employees of Woodward Academy and its affiliates to receive, review, discuss, and disclose my child's health information and records to others at Woodward Academy if necessary or appropriate for my child's education, well being, best interest, health and safety, and/or coordination of services. I hereby release Woodward Academy, its affiliates, faculty, nurses, athletic trainers, counselors, administrators, contractors, and employees, from any liability, damages and expenses arising in connection with the receipt, use, disclosure or discussion of my child's health information and records.

Signature of Parent or Guardian _____

Date _____