AMHS Medical/ Emergency Information

| Student Last | Student First | Student N | Middle |
|---|---|---|---|
| Student ID #: | | | |
| Physician: | | Phone: | |
| Insurance: | | Policy #: | |
| Hospital of Choice: | | Phone: | |
| | gency and I /we are not a | vailable, please notify | y: |
| Relative or Friend: _ | Name | Home Phone | Business Phone |
| Special medical conditi Attach pertinent inform | ions (asthma, diabetes, epnation as needed. | ilepsy, allergies, bee | sting reactions, etc.) |
| Prescription Medication | ns | | |
| injury occur, the school reach the parent/guardia assure that immediate r | dical Treatment lness or injury, first aid w l will attempt to notify pa an, the school must have medical care can be given ensed medical personnel | rent/guardian. If the s the following authori . In the event of serio | school is unable to zation signed to ous illness or injury, |
| Parent Name: | | Relationship: | |
| Dorant Signatura | | Data | |