

The Imani School  
Emergency Medical  
Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/ guardian after conscientious effort, I/we give permission for The Imani School staff to call paramedics or any licensed physician or dentist. If a life threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be responsible for emergency transportation.

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship: \_\_\_\_\_

Allergies (including reactions to medications): \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name:

Home Phone:

Bus Phone:

Cell Phone:

Father's Name:

Home Phone:

Bus Phone:

Cell Phone:

In case of emergency, whom shall we contact if we are unable to contact you at home or work? (Must have 2 on file)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Parent Signature: \_\_\_\_\_