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?

Name:_____Phone:_____ Relationship:_____

Parent's Signature:_____

Name Printed:_____Date:_____