

Oxford Discovery Learning Emergency Form 2017

Student's Name: _____ Date of Birth: _____

Home Address : _____ Home Phone: _____

Guardian Names: 1) _____ 2) _____

Guardian 1 Workplace & Phone _____

Guardian 2 Workplace & Phone _____

DOES YOUR CHILD HAVE:

Specific Health Problem? Yes _____ No _____

Explain: _____

Allergies: Yes _____ No _____

List: _____

Does your child require medication that may need to be administered during the summer program?

Medication: _____

NOTE: A STUDENT WHO NEEDS TO TAKE/CARRY MEDICATION, PRESCRIPTION OR NON-PRESCRIPTION, MUST HAVE A SIGNED AUTHORIZATION FORM FROM THE PHYCISIAN AND PARENT/GUARDIAN. *PLEASE NOTE: NO CHILD WILL BE ALLOWED TO TAKE ANY MEDICATION WHATSOEVER WITHOUT PROPER FORMS.*

MEDICAL RELEASE IN CASE OF EMERGENCY:

In the event of illness or accident in the course of the above activity, I request that measures be instituted without delay as judgment of medical personnel dictates. I will, furthermore, as parent or guardian, be contacted.

Please Call Mrs Elken, BSN 203-888-2178 with any questions prior to the summer program.

Emergency Contacts if Guardian can not be reached:

Name: _____

Home Phone: _____ Work/Cell: _____

Name: _____

Home Phone: _____ Work/Cell: _____

(Parent/Guardian Signature)

Date