



KIRBY HALL SCHOOL EMERGENCY MEDICAL RELEASE FORM

Student's Name: _____ Male: _____ Female: _____

Birthdate: _____ Age: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Father's Work Phone: _____ Mother's Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

IF PARENTS ARE NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

1) Name: _____ Phone: _____ Relation to Student: _____

2) Name: _____ Phone: _____ Relation to Student: _____

PHYSICIAN: Name: _____ Phone(s): _____

HOSPITAL: _____ Phone: _____

Does your child have any chronic or recurring illnesses, operations, or recent serious injuries?
Allergies? Please indicate:

Is your child currently taking any medications? If so, please identify:

Is your child permitted to take Tylenol?
(Kirby Hall does not give aspirin.)

Are there any specific activities to be encouraged or restricted?

Other pertinent information:

IMPORTANT: PLEASE NOTIFY THE SCHOOL IF YOUR CHILD IS EXPOSED TO ANY COMMUNICABLE DISEASES.

In the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the authorized representative at KIRBY HALL SCHOOL to secure the proper treatment for my child, _____, as named herein.

Witness: _____ Parent: _____

Date: _____ Date: _____