



Kirby Hall

Kirby Hall Emergency Medical Release Form

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

Birthdate: _____ Age: _____

Parent/Guardian: _____

Address: _____

Phone Numbers for Parent(s) or Guardian(s)

Name	Home	Cell	Work

If Parents Are Not Available in an Emergency, Notify:

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

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

Name of Physician: _____ 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 I cannot be reached in an **Emergency**, I hereby give my permission to the authorized representative at **Kirby Hall** to secure the proper treatment for my child, _____, as named herein.



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Witness: _____ Parent: _____

Date: _____ Date: _____