



**KIRBY HALL SCHOOL EMERGENCY MEDICAL RELEASE FORM**

Student's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

**Parent 1:** Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent 2:** Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ 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: \_\_\_\_\_

*Kirby Hall School admits students of any race, color, nationality, ethnicity, religion, socioeconomic status, sex, gender identity or sexual orientation to all the rights, privileges, programs, and activities accorded or made available to students at the school. It does not discriminate by race, color, nationality, ethnicity, religion, socioeconomic status, sex, gender identity or sexual orientation in administration or its educational policies, scholarship programs, athletics, and other school-administered programs.*