



**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	email

***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.

Witness: \_\_\_\_\_ Parent: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_