



KIRBY HALL SCHOOL EMERGENCY MEDICAL RELEASE FORM

Student's Name: _____ Birth Date: _____ Age: _____ Sex: _____

Address: _____

Parent/Guardian 1

Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian 2

Name: _____

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.

Parent Signature: _____ 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 and in the administration of its educational policies, scholarship programs, athletics, and other school-administered programs.