

Hillsboro High School Emergency Medical Sheet

Students Last Name	First Name	Middle Name
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<i>Primary</i> Contact Name and Relationship/Parent and/or Guardian:		
(This is who we call first)		
Address:	Home Phone/Cell Phone:	
Parent and/or Guardian's place of employment/Number:		
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Please List additional contacts we may call:

<i>*Secondary</i> Emergency Contact Name and Relationship:	
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Address:	Home Phone/Cell Phone:
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<i>*Third</i> Emergency Contact Name and Relationship:	
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Address:	Home Phone/Cell Phone:
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Medical Alerts	
List any medical alerts or conditions, including current medications being taken:	
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Medical Doctor or Medical Specialist: _____	Phone#: _____
Dentist: _____	Phone# _____
Local Hospital: _____	Phone# _____

Emergency Medical Treatment (Only complete Part I or Part II, NOT BOTH)

Part I/To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby *GIVE CONSENT* for the administration of any treatment deemed necessary by the listed providers and the local hospital. In the event the named medical personnel are not available, I authorize that it is allowable to seek other available and reasonable treatment. This treatment does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which the physician should be alerted is listed above in the medical alert area.

Parent and or Guardian's Signature _____ Date _____

(Do not complete Part II if you have signed Part I)	
I DO NOT give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school administration to take the following actions: _____	
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Parent Signature	Date