

EMERGENCY MEDICAL FORM

Name: _____ _____	Age: _____	D.O.B.: _____
Mother's Information: Name: _____ Address: _____ _____	Father's Information: Name: _____ Address: _____ _____	Emergency Contact's Information: Name: _____ Address: _____ _____
Home Phone: _____ _____	Home Phone: _____ _____	Home Phone: _____ _____
Work Phone: _____ _____	Work Phone: _____ _____	Work Phone: _____ _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____
Name of Health Insurance: _____	Phone: _____	Address: _____
Policy Holder: _____ _____	Preferred Emergency Room: EMMC St. Joseph's	Primary Care Physician: _____ _____
Policy #: _____		Phone: _____
Special Conditions: (Allergies, Medications, etc...)		
<p>Permission to Treat: I, parent/guardian of the above named student, certify that I have valid accident insurance coverage in force that will cover my child/ward should an accident occur. Furthermore in the event of illness or accident involving my child/ward, I hereby give permission to the Dr. Lewis S. Libby School, its officials to secure and furnish medical care and treatment for him/her and to give, administer, and render any treatment as necessary to protect, preserve, and safeguard the life and/or health of my child/ward for the current school year.</p>		
Signature of Parent/Guardian _____		Date _____
<p>Dr. Lewis S. Libby School 13 School St. Milford, ME 04461 827-2252 Fax: 827-5454</p>		