

# HONG-BANG VIETNAMESE LANGUAGE SCHOOL

## EMERGENCY MEDICAL INFORMATION

STUDENT'S NAME (L, M, F) \_\_\_\_\_ GRADE \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Local Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Local Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Out-of-state Emergency Contact (in case of natural disaster) \_\_\_\_\_

Out-of-state Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Medical Information (Allergies – food, medications, etc.): \_\_\_\_\_

Hospital you would like your child taken in case of an emergency: \_\_\_\_\_

Hospital I.D., if applicable: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### PARENT OR GUARDIAN APPROVAL:

We (I) authorized Hong-Bang Vietnamese Language School to release information on this sheet for emergency care in the event of emergency and will not hold Hong-Bang Vietnamese Language School, members of its Board and staff responsible for the injury of my child.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

### CONSENT TO MEDICAL CARE AND TREATMENT

We (I) \_\_\_\_\_ authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child

\_\_\_\_\_ if I cannot be reached in case of an emergency.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian