

# The Country Day School

449 Rose Hill Drive • Kearneysville, West Virginia 25430

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www.thecountrydayschool.com



Reason • Responsibility • Respect

## EMERGENCY MEDICAL FORM

2009-2010

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

### Other Emergency Contacts:

1. Name/Relationship to Child: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

2. Name/Relationship to Child: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

3. Name/Relationship to Child: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name/Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Are there any allergies or other medical conditions that we should be aware of? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the case of a minor headache, toothache or other minor ailment, may we administer Tylenol/Ibuprofen or Junior Tylenol/Ibuprofen to your child? \_\_\_\_\_

As the parent or legal guardian of the above named child, I hereby assume the ordinary and normal risks and legal responsibility for any injury, loss or damage to the person and property of my said child/ward as a result of his/her participation in any activities and/or field trips of The Country Day School during the 2009-2010 school year.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_