

GRADE: _____

STUDENT NAME: _____

Last

(PRINT)

First

T-SHIRT SIZE: _____

Goodrich High School 2021/2022 School Year Emergency Release and Consent for Treatment Form

Student Name (Last, First, Middle Initial)		Name of Parents (First & Last):	
Physical Address (Number and Street)	Home Phone Number	Name of Step Parent(s) (First & Last):	
City, State, Zip Code	Child's Date of Birth	Student lives with:	
Mailing Address (if different from above)		County of Residence (Genesee, Lapeer, Oakland...)	

1. Father's location during school hours	Phone Number	Cell Phone	
Address (Number and Street)	City, State	Zip Code	Hours of Employment
2. Mother's location during school hours	Phone Number	Cell Phone	
Address (Number and Street)	City, State	Zip Code	Hours of Employment

**PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE
(Please list in order)**

1.	Phone Number	3.	Phone Number
2.	Phone Number	4.	Phone Number

NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED:

1.	Phone Number	2.	Phone Number
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NAMES OF PERSONS STUDENT MAY NOT BE RELEASED TO:

1.	2.
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PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

1. My son/daughter is currently taking, under a physician's direction, the following medicine: (We understand all medicine **MUST** be kept in the high school office and have completed the necessary paperwork to have medication dispensed)

2. I hereby give permission to Goodrich High School to secure emergency medical and /or emergency surgical treatment for the above named minor child during school hours or other school related activities.

Non-emergency medical treatment or elective surgery is not included in the authorization.

3. I am aware that if an ambulance is used, I will cover the cost.

HEALTH CARE INFORMATION

Name of Students Physician or Health Clinic	Office Hours	Phone Number	
Address (Number and Street)	City	State	Zip Code
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number		
Any Known Allergies or Health Conditions or Concerns:			

Mother's Signature

Date Signed

Father's Signature

Date Signed

**** I am aware that the Student Code of Conduct is available on the GHS Web Site and can be accessed at any time. Printed copies are available in the HS office upon request.**

Student Signature

Parent Signature

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The staff at Goodrich High School has found email to be a great communication tool between school and parents. If you would like, please provide your email address below:

Your name

Your email address