



Jeremy P. Palotti, Superintendent
120 Raider Road, Hornell NY 14843
Office: (607)324-1302
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High School		(607)324-1303
Intermediate		(607)324-1304
Bryant		(607)324-2171
N. Hornell		(607)324-0014
Columbian		(607)324-1302

MEDICAL INFORMATION & EMERGENCY FORM

Student/Minor Information:

Name (first, middle, last) _____

Address: _____

Student/Minor's Primary Physician:

Name (first, middle, last): _____ Phone (_____) _____

Medical Conditions:

Please list any medical conditions of the student/minor (ex. asthma, diabetes, epilepsy, etc.) _____

List any allergies or allergic reactions to medications of the student/minor: _____

List any medications the student/minor is currently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

EMERGENCY CONTACTS:

Parent or Guardian

Name (first, middle, last) _____

Daytime phone: (_____) _____ Cell Phone (_____) _____ Evening phone: (_____) _____

Relationship to student/minor: _____

Other contact

Name (first, middle, last) _____

Daytime phone: (_____) _____ Cell Phone (_____) _____ Evening phone: (_____) _____

Relationship to student/minor: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the school. Should the need arise this information will be given to the proper medical authorities.

I, _____ (parent/guardian) understand that in the case of illness or injury to my child _____ (child's name), the school will try to notify me or the person I have listed on the other side of this form as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school to (1) arrange for transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and (2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of parent/guardian

Date