



Student's Name _____ Date of Birth _____

Food/Drug Allergies and/or Medical Conditions: _____

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Please list the names and phone numbers of people who you would like us to contact in the event of an emergency in which the parent(s) cannot be reached. Also note whether listed individuals are authorized to pick up your child(ren). A photo ID will be required for people unfamiliar to AHB staff/administration.

PARENTS / GUARDIANS

Mother's First Name _____ Last Name _____ DL # _____

Home Phone # _____ Cell Phone # _____ Authorized to Pick Up? Yes No

Name of Employer _____ Work Phone # _____

Father's First Name _____ Last Name _____ DL # _____

Home Phone # _____ Cell Phone # _____ Authorized to Pick Up? Yes No

Name of Employer _____ Work Phone # _____

OTHER EMERGENCY CONTACTS

First Name _____ Last Name _____ DL # _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Relationship _____ Authorized to Pick Up? Yes No

First Name _____ Last Name _____ DL # _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Relationship _____ Authorized to Pick Up? Yes No

Emergency Treatment – If, in the judgment of the School (defined as AHB Community School, its directors, officers, agents, and representatives), my child(ren) need(s) immediate care and treatment as a result of any accident, injury, illness, or other medical need while at the school or during a school-related function, I/we hereby request, authorize, consent, and otherwise grant permission to the School to render or obtain care and treatment for my child(ren.) I/We authorize the School to obtain care and treatment for my child(ren) from any physician, nurse, hospital, or other licensed professional. I/We authorize my child(ren) to be transported by ambulance, life flight, or by other appropriate rescue means or personnel when necessary for my child(ren)'s safety or well-being. I/We shall reimburse the School for any costs associated with such treatment or transportation. I/We hereby release the School from liability and shall indemnify and hold the School harmless for any injuries, accidents, or other harm that may result from such care and treatment or transportation of my child(ren.)

Physician _____ Phys.'s Tel. # _____ Emerg. Hospital Pref. _____

Person financially responsible _____ Relationship _____

Insurance carrier _____ Group # _____ Policy # _____

Parent/Legal Guardian Signature

Date