

RIVERMONT COLLEGIATE

1821 Sunset Drive, Bettendorf, IA 52722 Phone 563-359-13669 Fax 563-359-7576

Health Information / Permission for Emergency Care in Parental Absence 2010/11
PARENT STATEMENT REGARDING EMERGENCY TREATMENT: In the event that my child may require emergency treatment or admission while I am unavailable or out of the city, I hereby give my permission to the here listed physician or dentist, or any physician, dentist, hospital, clinic, or other medical facility, and the attending physician, assistant and/or designee to provide this care on the authorization of Rivermont Collegiate personnel. I also agree to be financially responsible for any care or treatment rendered and to indemnify and hold the authorizing individual(s) and Rivermont Collegiate harmless from any claims or charges associated with or related to such care or treatment or any action taken to obtain care or treatment. This agreement will be in effect through June 15, 2011, and is no longer valid after that date.

Please correct or complete as needed:

Student Name
Birth date
Address, City, State, Zip
Home Phone Public School District
Known allergies
Special problems
Current medications
Lead Test date
Lead Test result
Date of Tetanus vac.
Date of last dental visit

Parent Contact Information

Mother
Address
City
State
Zip
Home Phone
Occupation
Employer
Department
Hours
Work Phone
Cell Phone
E-mail

Father
Address
City
State
Zip
Home Phone
Occupation
Employer
Department
Hours
Work Phone
Cell Phone
E-mail

Any Additional Contact Notes:

Continue and sign on back of form

Secondary Contacts: In the event of emergency or illness, and after reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby authorize Rivermont Collegiate to contact the following people who have my permission to pick up my child from School.

Secondary Contact #1 Name _____

Secondary Contact #2 Name _____

Relationship _____

Relationship _____

Full Address _____

Full Address _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

Employer _____

Employer _____

Department _____

Department _____

Work hours _____

Work hours _____

Work phone _____

Work phone _____

No contact: Are there any custody or restraining orders for persons who may attempt to pick up or have contact with this child?

Custody Issue #1 _____

Custody Issue #2 _____

Physician, Dentist and Insurance Information

Physician _____

Physician Address, City, State, Zip _____

Physician Phone _____

Preferred Hospital _____

Dentist _____

Dentist Address, City, State, Zip _____

Dentist Phone _____

Insurance Company _____

Ins. Policy Holder _____

Policy Holder's ID number _____

Ins. Policy number _____

Group number _____

Employer, if group policy _____

Employer's address if group policy _____

I have checked all information on this form and verify that the information contained herein is accurate as of this date:

Parent Signature _____ Date _____