

Emergency Medical Attention Form Lake George Charter School

Student's Name: _____ DOB: _____
 Last First Middle Int.

Mother's Name: _____
 Last First Middle Int

Home Phone: _____ Cell #: _____

Place of Employment: _____ Address: _____

Work Phone: _____ Occupation: _____

Father's Name : _____
 Last First Middle Int

Home Phone: _____ Cell #: _____

Place of Employment: _____ Address: _____

Work Phone: _____ Occupation: _____

Family Physician: _____ Phone: _____

Physician Address: _____

Family Dentist: _____ Phone: _____

Dentist Address: _____

Hospital: _____ Phone: _____

Hospital Address: _____

In order to obtain medical attention necessary to assure proper care for your child in case of an accident or illness, the following statement needs to be signed:

I, the undersigned, do hereby authorize officials of Lake George Charter School in Park County School District Re-2 to contact directly the persons named on this form and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of afore said child. I will not hold the charter school or the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Guardian: _____ Date: _____

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Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

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