Truck Town Thunder Emergency Medical Form

1025 S. Ortonville Road, Ortonville, MI 48462 · 248.627.1800 · FAX 248.627.4533

Child's Legal Name _____ ❑ Male ❑ Female
(as shown on birth certificate) Last First Middle

Address _____
Number Street P.O. Box/Apt # City Zip

Home Phone _____ Birth Date _____ Birth Place _____
❑ Unlisted Month Day Year City State

Does your child require medication during school hours? ❑ Yes ❑ No
If yes, please explain

Does your child have any specific health problems such as diabetes, seizures, asthma, severe allergic reaction (i.e., penicillin, insect bites)?
❑ Yes ❑ No If yes, please specify health problem and treatment necessary.

_____

	Male Head of Household	Female Head of Household	PARENT Living Elsewhere
Name:			
Relationship to Child:			
Cell Phone:			
Work Phone:			
Email:			***Home Phone***:
Parent Living Elsewhere Address:			

List two alternate contacts and their phone numbers

Name Home phone Work Phone Cell Phone

Name Home phone Work Phone Cell Phone

In the event my child needs emergency medical attention and I cannot be reache3d by phone, I hereby authorize the Team official to take necessary action, such as ambulance, transportation, hospital admittance and./or medical treatment. I fully understand the expense incurred for emergency care will not be charged to team or team official and I absolve Brandon School District of any liability, which may result emergency action.

Physician Phone Hospital Health Insurance

In case of an emergency, I have instructed my child what to do.

Signature of parent/Guardian Date