ECOLE DU SAMEDI™

MEDICAL INFORMATION 2018/19

Child's name: _____

Mother's name _____

Address: _____

_____

Home phone: _____ Cell phone: _____

Email: _____

Father's name _____

Address (if different from above):_____

_____

Home phone: _____ Cell phone: _____

Email: _____

Insurance Policy: _____

Member ID # _____

Group # _____

Student's physician name: _____ Phone: _____

Student's allergies/medication or limitations: _____

_____

As a parent or guardian of the minor named above, I agree that the faculty and staff of the Ecole du Samedi shall stand in loco parentis to said child during its activities and in the absence of me or another parent. This authority includes the right to authorize any and all medical treatment or surgical procedures which may, in the judgment of the person(s) in loco parentis, be necessary in a medical emergency.

_____ _____ _____

Parent Signature Parent name (printed) Date