



## MEDICAL INFORMATION 2017/18

**Child's name:** \_\_\_\_\_

<b>Mother's name</b> _____	
Address: _____ _____	
Home phone: _____	Cell phone: _____
Email: _____	

<b>Father's name</b> _____	
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