

GSMS EMERGENCY PROCEDURES
(Please complete both sides of form & print clearly!)

Student Name _____ DOB _____

Address _____ Home Phone _____

Parents' Names _____

Work Phone _____

Cell Phone _____

Alternate contact person if parents cannot be reached _____

Relationship _____ Phone _____

Insurance Company Name _____

Policy # _____ Group # _____

Insurance Company phone # (on back of card) _____

Policy Holder's Name _____

Family Physician _____ Phone _____

Allergies/Medical Alerts _____

Student Name _____

In the event of any accident or injury which may require emergency medical treatment, every attempt will be made to contact the parent(s)/guardian.

In the event the school personnel cannot reach me, I give my permission and authorization to proceed as follows: (SIGN any or all that are acceptable).

- Contact family physician _____ (SIGN)
- Take student to emergency room _____ (SIGN)
- Take student to licensed physician _____ (SIGN)
- Other desired procedure _____ (SIGN)

Parent Signature _____

Date signed _____