

DATE: _____

In case of accident or serious illness, I (we) request that school to contact us. If the school is unable to reach us, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangement deemed necessary.

Parent/Guardian Signature: _____

Remarks: _____

Allergies: _____

Other Conditions: _____

Physician's Name: _____

Phone Number: _____

Address: _____