

Leon Valley Mother's Day Out Emergency / Health Form

Health Information

Student Name: _____ DOB _____

List known allergies, food restrictions, physical, emotional, or behavioral disorders, and regularly administered medications: _____

Please note any other information you want us to know about your child: _____

Your signature below indicates that you have listed above any information you have knowledge of concerning your child's physical, emotional, social, cognitive and spiritual development. Understanding the whole child is vital to providing individual needs.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Emergency Information

Physician _____ Address _____ Phone _____

Hospital Preference _____ Phone _____

Insurance Company _____ Policy # _____ Phone _____

LVCA's (MDO) first person to contact for information or in case of an emergency (select one)

Mother/Guardian _____ Father/Guardian _____

Emergency contacts (if parents or guardians are unavailable in order of preference):

Name _____ Home Phone _____ Work Phone _____

Relationship to student/family _____

Name _____ Home Phone _____ Work Phone _____

Relationship to student/family _____

In the event of an emergency involving your child, 911 will be called first, then parent or guardian. The parent / guardian can call the child's doctor. If the parent or guardian cannot be reached and the child needs to be transported to hospital, a designated staff member will accompany child, and physician information will be given to hospital. Parent signature below indicates that all information above is true and that you agree to notify the school of any changes. It further indicates you have read and understand our emergency procedure.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____