

Carolina Day School

EMERGENCY TREATMENT FORM for 2010-11

One form per student.

NOTE: Return form by May 28, 2010 to Stephanie León.

Student's name: _____ Sex: _____ Grade: _____ Date of birth: _____

Home address: Street _____ City _____ State _____ ZIP _____

Father's name: _____ Home phone: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

Mother's name: _____ Home phone: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

If parents are separated or divorced, who has legal custody? _____

Please list **two** people who will assume temporary care of your child if you cannot be reached:

Name: _____ (Relationship) _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ (Relationship) _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR STUDENT'S INSURANCE CARD - REQUIRED

I understand that medical or accident insurance coverage is required while my child is enrolled at Carolina Day School. **I understand that my child will not be allowed to attend school unless I provide proof of medical or accident coverage to the school.** I verify that all information on this form is true and correct to the best of my knowledge. In the event of a medical emergency while my child is attending Carolina Day School and parents/legal guardians cannot be contacted, the administration has the authority to take whatever action is necessary to assure prompt medical attention. Carolina Day School will not be held financially responsible for emergency transportation and/or treatment of my child.

Signature of Parent/Guardian

Date