



OAKCREST SCHOOL

2022-2023 EMERGENCY INFORMATION/PERMISSION TO TREAT

One form must be provided for each student.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Local Emergency Contact, if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_

Work: \_\_\_\_\_

Special Health Conditions (i.e. food or other severe allergies, history of fainting or seizures, etc.):

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\*See OakcrestConnect for epi-pen, inhaler, medication authorization forms.

In an emergency, I (we) hereby authorize Oakcrest to call a physician, dentist and/or the local emergency unit at my (our) expense. I (we) grant permission for treatment, to include hospitalization of and anesthesia and/or surgery on my daughter in the event that I (we) cannot be reached and further delay, in the judgment of the best available medical professional, would represent a serious risk to her.

Medical Insurance Information:

Company Name: \_\_\_\_\_ Group #: \_\_\_\_\_

ID #: \_\_\_\_\_

Signature(s) of Parent(s) or Guardian(s)

Date

This authorization will remain in effect for the 2022-2023 academic year.