

Rivermont Collegiate

1821 Sunset Drive, Bettendorf, IA 52722 Phone 563-359-1366 Fax 563-359-7576

Health Information / Permission for Emergency Care in Parental Absence 2009/10

PARENT STATEMENT REGARDING EMERGENCY TREATMENT: In the event that my child may require emergency treatment or admission while I am unavailable or out of the city, I hereby give my permission to the below listed physician or dentist, or any physician, dentist, hospital, clinic or other medical facility and the attending physician, assistant and/or designee to provide this care on the authorization of Rivermont Collegiate personnel. I also agree to be financially responsible for any care or treatment rendered and to indemnify and hold the authorizing individual(s) and Rivermont Collegiate harmless from any claims or charges associated with or related to such care or treatment or any action taken to obtain care or treatment. This agreement will be in effect through June 15, 2010, and is no longer valid after that date.

Student First Name	Student Last Name	Date of Birth	Social Security Number	Public School District of residence
Known Allergies		Special / Chronic Health Problems	Current Medications	
Date of Lead Test (required for Kindergarten)		Lead Test Result:	Date of Last Dental Visit (Required before Kindergarten and 9th Grade)	

Parent Contact Information Please correct or complete as needed:

Parents (or Mother if living separately)				Home Phone			
Address				City		State	Zip Code
Father (Please use this line if Father's address is different from above)				Father's Home Phone (if different from above):			
Address (if different from above)				City		State	Zip
Mother's e-mail	Mother's cell phone	Mother's work phone	Mother's Employer	Occupation	Department	Hours	
Father's e-mail	Father's cell phone	Father's work phone	Father's Employer	Occupation	Department	Hours	

Emergency Contacts Please correct or complete as needed:

In the event of emergency or illness, and after reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby authorize Rivermont Collegiate to contact the following people, who have my permission to pick up my child from school.

First Emergency Contact		Relationship to student		Address			
Contact's home phone	Cell phone	Work phone	Employer	Department	Work hours		
Second Emergency Contact		Relationship to student		Address			
Contact's home phone	Cell phone	Work phone	Employer	Department	Work hours		

Are there any custody or restraining orders for persons who may attempt to pick up or have contact with this child?

Name and Relationship to child	Name and Relationship to child

Physician, Dentist and Insurance Information Please correct or complete as needed:

Physician	Physician's office address			Physician's office phone
Preferred hospital	Dentist	Dentist's office address		Dentist's office phone
Insurance Policy holder	Policy holder's ID#	Insurance Company		Policy number
Employer (if group plan)	Employer's Address			Group number

I have checked all information on this form and verify that the above information is accurate as of this date:

Parent Signature _____ **Date** _____