

Rivermont Collegiate

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

Permission for Emergency Care in Parental Absence

Emergency treatment:

PARENT STATEMENT: 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, his or her assistants and/or designees 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 This agreement will be in effect through June 15, 2008, and is no longer valid after that date.

Student First Name	Student Last Name	Birthday	Social Security #	
Address		City	State	Zip
Date of last Tetanus Vaccination	Known Allergies			
Special Problems		Current Medications		

Parent Contact Information (PLEASE CORRECT OR COMPLETE AS NEEDED):

Parents' First and Last Names				Home Phone	
Mom's Cell Phone	Mom's Employer	Mom's Work Phone	Department	Work Hours	
Dad's Cell Phone	Dad's Employer	Dad's Work Phone	Department	Work 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 to contact the following people, who have my permission to pick up my child from school.

Name of First Emergency Contact			Relationship	Address		
Home Phone	Cell Phone	Work Phone	Employer	Department	Work Hours	
Name of Second Emergency Contact			Relationship	Address		
Home Phone	Cell Phone	Work Phone	Employer	Department	Work Hours	

Physician and Insurance Information (PLEASE CORRECT OR COMPLETE AS NEEDED):

Physician		Physician office address			Physician office phone
Preferred hospital	Dentist	Dentist office address			Dentist office phone
Insurance Policy Holder		Policy Holder's ID#	Insurance Company		Policy number
Employer if Group Plan		Address of Employer			Group number

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

Name and Relationship of Person	Name and Relationship of Person
---------------------------------	---------------------------------

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

Parent Signature _____ **Date** _____