

Brentwood School District
1201 Hanley Industrial Court
Brentwood, MO 63144

Emergency Care Information

School Year _____

Student Name: _____ DOB: _____

Home Address: _____

Household Phone: _____

Emergency Contact Number: _____

Health Conditions/Allergies: _____

Current Medications: _____

Physician/Clinic Name: _____

Phone Number: _____

Permission for Emergency Medical Care

I hereby give permission to _____

(Hospital of Choice)

to carry out those procedures which in their professional judgment are deemed necessary in the event that my child _____

(Student Name)

becomes involved in an accident or suffers from any physical condition that threatens life or physical ability during attendance in the Brentwood Public Schools. I further give permission to the school personnel to help secure this care in the event I cannot be notified. I understand that expenses for ambulance or hospital are not the responsibility of the school.

Parent/Guardian Signature: _____

Date: _____