

**FIRST AID AND EMERGENCY MEDICAL CARE CARD**

**Student Information**

Name \_\_\_\_\_ Address \_\_\_\_\_

ID number \_\_\_\_\_ Grade \_\_\_\_\_

Date of birth \_\_\_\_\_

**Medical/Physician Information**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Known medical conditions/concerns: \_\_\_\_\_

Known allergies to medicines/drugs: \_\_\_\_\_

**Minor Injury**

I understand that in the case of minor injury\* Centennial BOCES personnel shall administer first aid and send my child back to class.

**Serious Injury (but not threatening to life, limb or digit)**

In the event my child is in pain or requires medical treatment beyond first aid for a serious, but not life/limb or digit threatening, injury\*, I understand Centennial BOCES will attempt to contact me (or any of the persons I have listed below) so that I can obtain medical treatment for my child.

**Severe Injury (threatening to life, limb, or digit)**

In the event my child suffers a severe injury or illness requiring immediate medical attention\*, I understand that Centennial BOCES personnel will call 911 to notify emergency health personnel. Centennial BOCES personnel will then attempt to contact me (or any of the persons I have listed below) so that I may proceed to the hospital.

(\*as determined by appropriate Centennial BOCES personnel)

I hereby authorize, consent to, and agree to be responsible for any costs associated with the transportation of my child, including ambulance service and any medical tests, procedures, and/or treatment performed on my child as deemed necessary by a medical health professional.

**Contact information**

Parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Other contact \_\_\_\_\_ Phone \_\_\_\_\_

Relation to student \_\_\_\_\_

I understand that Centennial BOCES personnel cannot be held liable for any good faith effort to provide emergency care of assistance to my child.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**Please keep a copy of this form for your records. Important: Please contact your school immediately if any information changes.**