



Parental Consent & Emergency Health Form

Please **print** requested information in blue or black ink on and return to your **child's classroom teacher** by (date) _____.

Child's Name: _____

Parent/Guardian Name: _____

Address: _____, SC _____
Street City Zip

Home Phone: (____) _____ Work Phone: (____) _____

School: _____ Teacher: _____

Are there any health problems we should be aware of? If so, please list them and any precautions that should be taken:

Health Insurance Company: _____ Policy Number: _____

Medicaid ID (optional): _____

If there are specific instructions you would like us to follow in the case of illness or accident please provide this here (use back if necessary):

In the case of emergency, notify:

1. Name: _____ Contact Phone: (____) _____
Relation to child: _____

2. Name: _____ Contact Phone: (____) _____
Relation to child: _____