

**PLEASE COMPLETE ONE FORM FOR EACH STUDENT AND
RETURN TO THE STUDENT'S BUILDING.**

**Meridian CUSD #223
Emergency Medical/Health Information Form**

This form will be used in case of a serious illness or accident. Please complete the form and return to your child's building. Thanks.

Student's Name: _____ **Student's Grade:** _____

Parents/Guardian's Name: _____

Doctor's Name: _____ **Doctor Phone #:** _____

Preferred Hospital: _____ **Medicaid # (if applicable):** _____

Please list any Health/Medical conditions emergency personnel should be aware of below:

If you and the physician specified above cannot be reached in an emergency, and in the judgment of school authorities immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician?

YES _____ **NO** _____

Parent/Guardian Signature: _____ **Date:** _____

(This district will use the emergency contact information as shown under Student Information in Family Access.)