The Principia Center
Emergency Contact Information 2019-2020

Please complete one form per child

General Information

Student's Name _____

Birth date _____/_____/_____ Age _____ Grade _____ Male ☐ Female ☐

Student's Email _____ Student's Cell _____

Address _____

City _____ State _____ Zip _____

Parents/Guardians _____ Home Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Email _____ Mother's Email _____

Emergency Contact Person (if parents can't be reached) _____

Their relationship to student _____ Their Phone _____

Medical Information

Medical Insurance Co. _____

Group # _____ Policy # _____

Company's address _____ Company's Phone _____

City _____ State _____ Zip _____

Family Physician's Name _____ Phone _____

Physical Limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.)

_____

List all medication taken on a regular basis and /or any brought with the student

_____

Student's Name _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

I hereby give permission to medical personnel selected by The Principia Center sponsor or his designee to order X-rays, routine tests, and treatment for my child. In the event of an emergency, and neither a parent not the emergency contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release its employees or agents from liability associated with participation in The Principia Center. I understand that if I do not have medical insurance, I , as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

Signature of Parent/Guardian _____ Date _____