

# Red Cedar School

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## Emergency Information 2010/11

Please Print – To Be Completed by Parent/Guardian

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

### In Case of Emergency, Contact:

Parent/Guardian \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

## Health Information

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance \_\_\_\_\_ Certificate # \_\_\_\_\_ Plan # \_\_\_\_\_

Allergies \_\_\_\_\_

Other Health Issues \_\_\_\_\_

Medications Routinely Taken \_\_\_\_\_

**Over-the-Counter Medications Permitted:** \_\_\_ Acetaminophen (Tylenol) \_\_\_ Ibuprofen (Advil)  
\_\_\_ Antacids (Tums/Roloids) \_\_\_ Benadryl (For allergic reactions) \_\_\_ Arnica (homeopathic remedy)

## Permission for Treatment

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above or to transport my child to a medical facility for treatment. I authorize a representative of the School to consent on my behalf to medical treatment for my child. I also understand that the school does not pay expenses for bodily injury for students.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_