

Red Cedar School

P.O. Box 393 · 246 Hardscrabble Road · Bristol, VT 05443
(802) 453-5213 · Fax (802) 453-5412 · redcedar@wcvr.com

Emergency Information

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 _____