



**IN EMERGENCY, NOTIFY (OTHER THAN PARENTS):**

Name Relationship Phone

Physician Phone

Hospital Choice:

Allergies/Special Illness/Special Instructions:

Does the school have permission to give Tylenol to your child? Yes \_\_\_\_\_ No

If the school is unable to contact any of the people listed above, I authorize the school to take my child to the hospital listed. I further authorize the school personnel to apply first aid as recommended by the Genesee County Health Department. I agree to pay all expenses incurred in the emergency case.

Parent/Guardian Signature

Date

Parent e-mail address

