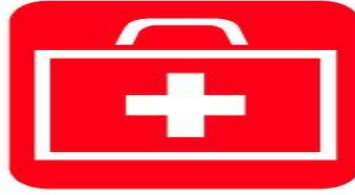


SMART KIDS TRANSPORTS STUDENT MEDICAL INFORMATION FORM



Emergency Contact and Medical Information

Child's Name		Date of Birth		M	F
				Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference OR Nearest	
Physician's Name	Phone Number
Insurance Company	Policy Number

Please list any Allergies, Handicaps, or Special Health Considerations that your student may have.
Please Note: A copy of your current insurance card must be submitted if applicable.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date

