



# STONE HILL LEARNING CENTER

## EMERGENCY MEDICAL INFORMATION

**STUDENT NAME:** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**INSURED'S NAME:** \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Employer (Name and Address) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

### ADDITIONAL PARENT/GUARDIAN CONTACT INFORMATION:

Name: \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS

|                    |                    |
|--------------------|--------------------|
| Name: _____        | Name: _____        |
| Relationship _____ | Relationship _____ |
| Phone (____) _____ | Phone(____) _____  |

### HEALTH INSURANCE COVERAGE

Insurance Company Name: \_\_\_\_\_  
Insurance Company Phone Number: \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_ Employer: \_\_\_\_\_  
Group Number \_\_\_\_\_ Individual I.D. \_\_\_\_\_

### PHYSICIAN:

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

### DENTIST:

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

### PREFERRED HOSPITAL:

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Does student carry an epi-pen or any other special medication? \_\_\_ yes \_\_\_ no  
If you checked yes, please indicate type of medication and where it can be found.

Does teacher in charge have permission to give this medication to the student in the event of an emergency? \_\_\_ yes \_\_\_ no

**ADDITIONAL INFORMATION:** Learning disabilities, allergies to food/medicine, existing medical conditions (including the wearing of eyeglasses or hearing aides) or physical limitations:

\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to the administrators of Stone Hill Learning Center, or the teacher in charge, to arrange for my child to receive medical attention in the event of an emergency. I recognize that every effort will be made to contact me and/or the emergency contact person(s) named above.

**PARENT(S) SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_