



Emergency Preparedness Worksheet

Student's Name: _____ Age: _____ Grade: _____

Birth date: _____

Height: _____ Weight: _____ Glasses: Y / N Contacts: Y / N

Family Doctor: _____ Phone: (____) _____

Describe any significant medical conditions, including allergies and medications:

Continuing Consent to Treatment & Authorization to Release Information

I, the undersigned parent/guardian of, _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____ M.D., or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a doctor listed above before any other physician is called by the school.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Olympia Christian School of Seventh-day Adventists or the physician to exercise their best judgment as to the requirements of such diagnosis of treatment.

We hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish to the school's insurance service, or its representative, all information with respect to any illness, medical, history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody or said minor.

Parent/ Legal Guardian Signature: _____

Date: _____

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Physical Home Address (no P.O. Boxes): _____

Guardian/Mother's Name: _____

Home # _____

Work # _____

Cell # _____

Guardian/Father's Name: _____

Home # _____

Work # _____

Cell # _____

Alternative Guardian's Name (required): _____

Home # _____

Work # _____

Cell # _____

If you wish to have more than one alternative guardian, please list them:

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Important Information during a natural disaster:

- Do not phone the school—they may be trying to reach you or emergency response services.
- When safe to travel, go to the school and collect your child. Your child will not be released otherwise.
- If you are unable to reach the school, contact the alternative guardian to collect your child.

I understand that this information will only be used in the even of a natural disaster or serious emergency.

Parent/ Legal Guardian Signature: _____ Date: _____