

Student Full Name _____

First

Last

EMERGENCY INFORMATION - Mill Hollow

Date _____ School _____ Student Birthday _____

Insurance Information

Please print

Medical Insurance Co. _____ Policy # _____

Insurance Address _____ Insurance Telephone _____

City/State _____ Zip _____

If your child has secondary insurance, please list the information on a separate sheet of paper and attach it to this medical form.

Did you purchase the student insurance offered for Mill Hollow? _____ Yes _____ No

Emergency Contact Information

Name of Parent or Guardian _____

Work Phone _____ Cell Phone _____ Other Phone _____

Family Doctor _____ Address _____

Doctors Telephone # _____ Emergency # _____

Person (grandparent, neighbor, etc.) authorized to be contacted in case parent or guardian cannot be located:

1. Name _____ Address _____

Home Phone _____ Work Phone _____

2. Name _____ Address _____

Home Phone _____ Work Phone _____

Health Information

General Health Condition: _____

Allergies: _____

When was your child's last tetanus shot? _____

Is your child presently taking any medication? ___ Yes ___ No If YES, a Medication Authorization form is **required**. This form is available at your child's school, or on-line.

Mill Hollow is located in a fairly remote natural environment. We have radio communication in case of emergency; there is no cell phone service at the Center. Our staff is trained annually in current first-aid and CPR procedures and students are well supervised. We have enjoyed a high level of safety over the years and have had virtually no serious injuries.

I understand and accept the inherent risks to participants in a natural outdoor setting. I understand further, that in case of serious illness or injury involving my child, every effort will be made to contact me. If I cannot be reached, I give you my permission to take my child to the nearest doctor or hospital emergency room for attention. I also understand that Granite School District or any department therein cannot be held liable for damage or loss of personal property.

Parent or Guardian's Signature _____ Date _____

Salt Lake office: 501 East 3900 South • Salt Lake City, Utah 84107-1801 Ph: 385-646-4668

Emergency Contact Information Revised 1/24/13