

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

## HAMPTON-DUMONT COMMUNITY SCHOOL

GRADES ECSE. - 3

### HEALTH INFORMATION

I give my permission to share pertinent health information with staff involved with my child's education.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

### PERMISSION FOR EMERGENCY TREATMENT

In case of accident or serious illness, I request school staff contact my emergency designee or me. If unable to reach my emergency designee or me I hereby authorize school staff to call the local clinic or hospital and to follow their instructions.

I understand that expenses incurred for emergency treatment will be my responsibility.

***I understand it is my responsibility to keep emergency contact numbers updated throughout the school year.***

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE