



SIBLING WEEKEND 2010 EMERGENCY INFORMATION/PERMISSION TO TREAT

Guest Name _____ Host GS Student _____

When emergencies arise, staff members make every effort to reach the parent or guardian. The following statement must be signed by the parent or guardian for use when a parent, guardian, or relative cannot be reached.

In the event that I cannot be reached, I hereby give my consent for emergency treatment for the above-named child according to the judgment of the attending physician and/or nurse.

Parent/Guardian signature _____ Date _____

Parent telephone (April 23-25) _____

Please list the names of two other adults, at least one of whom is a family member over the age of 18, whom we may contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Are there any known allergies? (please list)

Date of last tetanus shot _____

Health Insurance Company _____

Policy Number _____