

Taholah School District #77
P.O. BOX 249, 600 Chitwhin Dr.
Taholah, WA. 98587
PH: 360-276-4780 FAX: 360-276-4370

Emergency Information

Student Name:		Male		Female	
	Address:	Home Phone			

Parent/Guardian that student lives with:

Name		Home Phone		Work Phone	
Name		Home Phone		Work Phone	

In case of illness, emergency or accident and parent/guardian cannot be located, the following adults are authorized to act on behalf of the parent/guardian.

Name		Phone		Relationship	
Name		Phone		Relationship	
Physician's Name		Medical Coverage		ID#	
Address			Physician's Phone		

Check one of the following:

In the event of an emergency, when a parent/guardian is unavailable, I authorize School personnel to make arrangements for my child to receive medical/hospital care including necessary transportation in accordance with their best judgement. I authorize the physician named above to undertake such care and treatment as it is considered necessary. In the event said physician is unavailable I authorize such care and treatment to be performed by licensed physician or surgeon. I agree to pay all costs incurred and a result of the forgoing.

I do not choose the above statement and desire the following action in the event of an emergency .

Parent/Guardian Signature	Date
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