

MANSFIELD'S SUMMER INSTITUTE 2018 EMERGENCY MEDICAL FORM

Child's Name: _____ Grade Fall '18: _____

Street City zip code

Parent's Name: _____ Home Phone: _____

Cell #: _____ Work Phone: _____

Please identify a contact in case of an emergency when parent/guardian cannot be reached:

Name Relation

Home Phone Work Phone Cell Phone

Medical Information

Family Doctor:	Telephone #:
Family Dentist:	Telephone #:
Preferred Hospital:	
Insurance Provider:	

Please identify any allergies, daily medications, or health problems your child has that we should be aware of.
(glasses, contacts, hearing aids, etc.)

The above named has my permission to participate in the Mansfield Summer Institute 2018. I understand and accept the condition that any member of the staff will not be held responsible for accidents, medical, or dental expense that are incurred as a result of participation in this program. I further release the Mansfield Summer Institute 2018 and the Mansfield Public Schools/Town of Mansfield from any and all claims.

I also understand that by signing below, I give the Mansfield Summer Institute permission to share this information with staff and emergency personnel.

Parent/Guardian Signature Date

This form MUST be returned along with the registration form. If you are NOT a Mansfield Public School student, please send a copy of your current physical form including immunizations from your doctor.