



Emergency Contact Information and Permission for Treatment Form

Fayetteville Academy

Fayetteville, NC 28303

Phone: (910) 868-5131 Fax: (910) 868-7351

Student's Last Name	First Name	Middle Initial	Grade Level
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Parent/Guardian Name(s)	Home Phone
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Home Street Address	City	State	Zip Code
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Mother's Business Phone(s)	Mother's Cell Phone	Mother's Email Address(es)
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Father's Business Phone(s)	Father's Cell Phone	Father's Email Address(es)
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Please provide the phone number(s) to be called by RenWeb if your child is absent: _____

In case of emergency and parent/guardian is not available, contact:

1. _____

Name	Address	Home Phone	Cell Phone
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2. _____

Name	Address	Home Phone	Cell Phone
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Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Local hospital preference where student should be taken if parent/guardian cannot be reached: _____

Insurance Company	Policy Number
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Student's Date of Birth: _____

Allergies and other medical conditions: *(Please explain checked items on the other side of this form.)*

____ Allergies ____ Asthma ____ Diabetes ____ Heart Problems

____ Drug Allergies ____ Epilepsy ____ Recurring Illness ____ Other

My child may be given the following over the counter medications (generic brands may be substituted):

____ Tylenol ____ Motrin ____ Tums ____ Benadryl ____ Cough Drops ____ Pepto-Bismol

I hereby give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by school personnel. I understand that every reasonable effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the teacher in charge, adult chaperone(s), or athletic coach to hospitalize and secure proper emergency treatment (including surgery) for my son/daughter. I am the responsible party for hospitalization and medical payment.

Signature of Parent or Guardian: _____ Date: _____

Please return this form to Mrs. Siewers in the Main Office no later than the first day of school.