

**VOLUNTEER EMERGENCY INFORMATION
2017-2018**

Name _____

Address _____

Phone# _____ **Birthdate** _____

Person living nearby to contact in case of emergency:

Name _____

Address _____

Phone # _____

Name of Doctor _____

Address _____

Phone # _____ **Hospital Preferred** _____

Medical information of which we need to be aware (Asthma, Diabetes, Allergies, Heart, Epilepsy, etc.)

I hereby grant permission for the Hampstead Academy Staff, rescue squad or ambulance, to transport me to a hospital to receive medical treatment when a delay could prove to be life threatening. In addition, I authorize Hampstead Academy staff to administer simple first aid when necessary. I also give my permission to receive anesthesia, if necessary, for medical treatment during an emergency.

Signature _____ **Date** _____

This form must be completed and returned prior to the first day of school.

