

## ENROLLMENT APPLICATION - 2 STUDENT INFORMATION

**Please Print**

In case the student becomes seriously ill or is injured and neither parent can be reached by Phone, please notify one of the following. (Local phone numbers only).

Name:	Family Physicians:
Address:	Address:
Phone: ( )	Phone: ( )
<b>Second choice</b>	<b>Second choice</b>
Name:	Family Physicians:
Address:	Address:
Phone: ( )	Phone: ( )

### AUTHORIZATION FOR MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention,

I authorize the facility director or person in charge to take my child to:

Name of Hospital: <b>Presbyterian Hospital</b> or the Nearest local Hospital	Address: <b>8200 Walnut Hill Lane Dallas TX 75231</b> Phone: <b>214-345-6789</b>
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Name of Physician: _____ or _____ Attending Physician	Address: _____ Phone: _____
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I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Parent Signature or Legal Guardian Signature: \_\_\_\_\_

List and special problems that your child may have, such as allergies, illness, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff would be aware of:


I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

