



PHILLIPS School~Fairfax
11230 Waples Mill Road, Suite 100
Fairfax, VA 22030
Phone (703) 591-1146
Fax (703) 591-1148

PERMISSION FOR EMERGENCY CARE

Student: _____ Date of Birth: _____
 Gender: Male Female SY 2019-2020 Grade: _____
 Height: _____ Weight: _____

Parent/Guardian: _____ Home Phone #: _____
 Address: _____ Cell Phone #: _____
 _____ Work Phone #: _____
 Does the student reside here: Yes No Email: _____

* Emergency Contact: _____ Home #: _____
 Relationship to Student: _____ Cell #: _____

Primary Physician name and contact information: _____
 Health Insurance Co & policy#: _____

Does your child require the use of an EpiPen? Yes No (If yes, complete Epinephrine Authorization Form)
 Does your child have Asthma? Yes No (If yes, complete Virginia Asthma Action Plan)
 Does your child have permission to take Tylenol in school as needed? Yes No
 Does your child have any other known allergies? Yes No (If yes, list all known allergies)

Allergies: _____

Does your child have any other medical conditions, such as epilepsy, diabetes, etc. Yes No

If yes, list medical condition(s) and complete an Emergency Treatment Plan.

For emergency purposes, please list all medications taken by your student:

Name of Medication	Total Mgs	Time	Reason	Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PHILLIPS School ~ Fairfax has my permission, to administer first-aid treatment to my student. When I cannot be contacted or in case of an emergency, I give PHILLIPS School~Fairfax permission to transport my student to a medical center or hospital if necessary. I authorize the hospital and medical personnel to administer any emergency treatment deemed necessary by a physician for the well-being of my student.

 Parent/Guardian Signature

 Date

**Emergency Contact must be someone other than the parent(s)/guardian(s). This form is valid for one year from the date of signature.*