The SAGE SCHOOL
EXPERIENCE YOUR EDUCATION

Emergency Authorization & Medical History Form

The Sage School requires that all students have their own health insurance. Please complete this form so that we will have the information concerning your student's insurance coverage. It is the parent or guardians' responsibility to ensure that insurance will cover the student for the duration of the school year and that the school is notified of any changes in coverage during the year.

PRIMARY CONTACT INFORMATION

Student _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____-_____-_____

PARENT 1 / GUARDIAN 1

Name _____

Work Location _____

Work Phone _____

Cell Phone _____

Email _____

PARENT 2 / GUARDIAN 2

Name _____

Work Location _____

Work Phone _____

Cell Phone _____

Email _____

HEALTH CONTACT INFORMATION

Student's Physician _____ Phone _____-_____-_____

Student's Dentist _____ Phone _____-_____-_____

Any specialists your child is seeing _____ Phone _____-_____-_____

INSURANCE

Please provide a clear copy of your health insurance card with this form.

Health Insurance Co. _____ ID # _____ Group# _____

Insurance Co. Phone _____-_____-_____ Contact Person, if known _____

EMERGENCY CONTACT INFORMATION

Please list 2-3 Emergency Contact Phone numbers of local people whom you authorize to grant emergency medical treatment for your child below.

1. Name _____ Phone _____-_____-_____ Relation _____

   Address _____

2. Name _____ Phone _____-_____-_____ Relation _____

   Address _____

3. Name _____ Phone _____-_____-_____ Relation _____

   Address _____

MEDICAL HISTORY

Please check for each item that applies. Please provide details including severity, dates, and duration, for any checked answers. Attach any additional paper as necessary. A 'checked' answer does not cancel a student's enrollment, but rather will be critical in providing the best care for the student if and where necessary, in the field and with medical professionals.

___ Asthma or respiratory problems

___ Insect allergies

___ Epilepsy / seziures

___ Migraines

___Chronic or recurring illness?

___Currently taking any medications, prescriptions, or non-prescription

___ Allergies to medications

___ Food allergies

___ Other allergies

___ Hepatitis or other liver disease

___ Recent injuries

___ In counseling

___ Any physical, cognitive, sensory or emotional condition that would require additional assistance

___ Diabetes

___ Bleeding or clotting disorder

___ Infectious disease

___ Does he/she/they see a specialist of any kind

___ Any special dietary concerns

Explanations of any checked answers: _____

_____

_____

_____

_____

The Sage School is hereby authorized to provide first aid when and where appropriate, to further obtain or provide emergency hospitalization, x-ray, examination, anesthetic, surgical or other medical care and treatment deemed necessary. We understand and agree that costs for medical care, including evacuation costs from remote locations, will be provided by us. We confirm that all information listed on this form and any necessary attached information is accurate and complete. We certify that the student is in good health and know of no medical reason why he/she would not be able to participate in The Sage School Program. We further acknowledge that we have read this form thoroughly, with full authority to do so on behalf of ourselves and the student, understand and voluntarily agree to its terms, which shall be legally binding. We agree to hold The Sage School and its representatives harmless if full disclosure of a pre-existing condition has not been provided. This form may be photocopied and shared with people responsible for the aid and medical care of the Student.

_____ _____

Signature of Parent / Guardian Date

_____ _____-_____-_____

Print or Type Name of Parent / Guardian Day Phone Number