

Please return this form to your homeroom teacher by August 31, 2007

Student Name: _____ **Homeroom** _____

**NORTHWESTERN MIDDLE SCHOOL
TEAM DISCOVERY
EMERGENCY MEDICAL RELEASE**

I GIVE PERMISSION TO MRS. ALISON BEAUCHENE, MRS. KRISTA BRAZIE, MR. RICHARD HINMAN, MRS. VAL HOFFMAN, MR. MIKE STAPLETON, MRS. CAROLE SWANSON, AND MRS. KATHLEEN WHEELER TO CONSENT TO ANY EMERGENCY MEDICAL ATTENTION THAT MAY BE NEEDED BY MY CHILD IN THE EVENT THAT NEITHER I NOR MY SPOUSE CAN BE CONTACTED.

SIGNATURE OF PARENT/GUARDIAN

DATE

PARENT PHONE NUMBERS

INSURANCE COMPANY

POLICY OR GROUP NO.

EMERGENCY INFORMATION

1. NAMES AND PHONE NUMBERS OF THREE PEOPLE THAT CAN BE REACHED IN CASE OF AN EMERGENCY. **PARENTS ARE ALWAYS ATTEMPTED FIRST**

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE

2. LIST ALL ALLERGIES:

3. LIST OTHER INFORMATION CONCERNING OTHER MEDICAL PROBLEMS OR CONDITIONS THAT MIGHT BE IMPORTANT IN THE EVENT OF AN EMERGENCY (USE BACK IF NEEDED)