



Emergency Medical Form Four Cities Compact

Please use blue or black ink.

Part 1: STUDENT INFORMATION

Student Last Name		Student First Name		Student Middle Initial	
Home Address (Number and Street)		City	State	Zip Code	
Home Phone Number		Date of Birth		Gender M F	
Email Address (student)					
BHS CHS NHS WHS		BHS CHS NHS WHS		Program	
Home School (circle one)		Program School (circle one)		Program	

Part 2: EMERGENCY CONTACT INFORMATION

Please provide the requested information for the primary contact and two nearby family or friends. In case of emergency, illness, or accident the school is authorized to contact and/or release the student to those listed on the form.

Primary Contact

Name		Relationship	
Address			
Phone Number		Alternate Phone Number	

Second Contact

Name		Relationship	
Address			
Phone Number		Alternate Phone Number	

Third Contact

Name		Relationship	
Address			
Phone Number		Alternate Phone Number	

Part 3: GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Preferred Doctor Address Phone

Preferred Dentist Address Phone

Preferred Hospital

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Signature of Parent/ Guardian Date

Part 4: REFUSE CONSENT I do not give my consent for emergency medical treatment for my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/ Guardian Date

Part 5: Consent to use Child's Image or Audio Please mark one:

I DO give my consent for my child's still/video image and/or voice to be used in publications, local newspapers, television, school website, or any other media.

I DO NOT give my consent for my child's still/video image and/or voice to be used in publications, local newspapers, television, school website, or any other media.

Signature of Parent/Guardian Date

Part 6: Student Education Technology Acceptable Use and Safety Agreement STUDENT signature required

I have read and understand the program school's technology acceptable use and safety policy and guidelines. I understand that any violation of the terms and conditions set forth in the policy and guidelines is inappropriate and may constitute a criminal offences and/or may result in disciplinary action. As a user of the district resources, I agree to communicate over the Internet and through the technology resources in an appropriate manner, honoring all relevant laws, restrictions, and guidelines.

Signature of STUDENT Date

Part 7: Parent Education Technology Agreement PARENT/GUARDIAN signature required

I give permission for my child to use and access the Internet at school for educational purposes that are related to classroom activities and assignments.

Signature of PARENT/GUARDIAN Date

Please use blue or black ink.
Originals to be sent to Compact office.

*** Students will not receive their Compact tshirt until a completed form is received. ***



Sign
Part 3
OR
Part 4