



# THE COVENANT SCHOOL

33 Burton Hills Boulevard, Nashville, TN 37215 ♦ 615.467.2313

www.thecovenantschool.com

## MEDICAL AND INSURANCE FORM

2011-12

(Please print)

Student's full name \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Name of persons, other than school, authorized to act for me in an emergency:

Contact #1 \_\_\_\_\_ (relationship) \_\_\_\_\_ Day time phone \_\_\_\_\_

Contact #2 \_\_\_\_\_ (relationship) \_\_\_\_\_ Day time phone \_\_\_\_\_

Contact #3 \_\_\_\_\_ (relationship) \_\_\_\_\_ Day time phone \_\_\_\_\_

Special instructions or information \_\_\_\_\_

Allergies \_\_\_\_\_

**Emergency treatment:** I give my permission to the staff of The Covenant School to administer minor emergency treatment to my child as indicated by the nature of the accident and/or injury (*compression in the event of serious bleeding, ice for swelling or contusions, or band-aids for minor cuts*). The school staff will not remove embedded splinters, ticks or other foreign objects. In the event of an injury or illness requiring professional medical treatment, The Covenant School *will notify me or one of the persons listed above* who are authorized to act on my behalf in case of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Medications (including Tylenol) will be administered only if the medication is sent to the school in a sealed bag labeled with your child's name and dispensing instructions. Instructions must be signed by the parent.***

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CHILD'S SOCIAL SECURITY NUMBER \_\_\_\_\_

FAMILY'S INSURANCE COMPANY \_\_\_\_\_

INSURANCE POLICY NUMBER \_\_\_\_\_

IN WHOSE NAME POLICY IS HELD \_\_\_\_\_

In the event of a life-threatening emergency, your child will be transported to Vanderbilt Children's Hospital unless otherwise instructed below.

In the event of a life-threatening emergency I want my child taken to \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_