

STUDENT INFORMATION FORM  
Pratt USD #382

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Name(s) and phone number(s) of some other person(s) to be called in the event of an accident if the parent(s) cannot be contacted:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name and office phone number of family physician: \_\_\_\_\_

Physical conditions staff members should be alerted to: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I, the undersigned, being the natural parent (or legal guardian) of \_\_\_\_\_, a minor, do hereby consent to the securing of emergency medical treatment, including the necessary transportation to receive such treatment, for said \_\_\_\_\_ by \_\_\_\_\_, the superintendent of schools USD 382, Pratt County, or designee.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and valid for the remainder of \_\_\_\_\_/\_\_\_\_\_ school year or until specifically revoked.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Witnessed By