

Bethel Park School District
Student Emergency Information Form
(to be used for all school related activities and field trips)

PLEASE PRINT ALL INFORMATION CLEARLY
Information is to be viewed only by District Professional Staff & Emergency Medical Personnel
FERPA and HIPAA Regulations Apply

Activity/Event Information: (Completion and submission of this form indicates permission for the student's participation in the activity identified below.)

Activity/Event _____ Date(s) of Activity _____

Student Information

Name _____ Date of Birth ___/___/___

Address _____ Home Phone () _____

Health Insurance Information

Insurance Provider _____ Provider's Phone # () _____

Agreement # _____ Group # _____

Name of Insured _____

First Aid/Emergency Treatment Authorization

In the event of an emergency where treatment is required, every attempt will be made to reach a parent or guardian. However, school district employees are authorized under *in loco parentis* to seek medical treatment and to share this information, when necessary, in the best interest of the student, with emergency medical personnel.

Parent/Guardian Information

Name: _____ Relationship _____ Phone() _____

Name _____ Relationship _____ Phone() _____

Name: _____ Relationship _____ Phone() _____

Other Emergency Contacts

Name _____ Relationship _____ Phone() _____

Name _____ Relationship _____ Phone() _____

