

Emergency Treatment and Notification Form

Maryland International Day School • 2317 Brinkley Road • Ft. Washington, MD 20744 • Telephone: (301) 567-9101 • Fax: (301) 567-9103

This form must be updated as needed

Name of Student _____ Grade: _____

Student's Date of Birth: _____ Student's Social Security #: _____

Names of custodial Parent(s) _____

Address _____

Phone Home: _____ Mother/Work: _____ Car/Cell: _____

Phone Home: _____ Father/Work: _____ Car/Cell: _____

E-Mail Address: _____

List the names and telephone numbers of 2 LOCAL Emergency Contacts (other than parents)

Name: _____ Telephone #(s): _____

Name: _____ Telephone #(s): _____

In the event of an emergency, who should be contacted first? _____

Name of Physician: _____ Telephone #(s): _____

ACKNOWLEDGEMENT:

I understand that Maryland International Day School will call for emergency medical support in the event of serious injury requiring immediate medical attention. In the event that my child becomes ill or is involved in an accident, and/or in the emergency contact person cannot be reached within a reasonable period of time, I authorize Maryland International Day School to obtain the necessary medical treatment. I accept responsibility for any necessary expense incurred in such medical treatment even if it is not included in the following coverage:

Parent(s) or Guardian(s) Signature

Date

Parent(s) or Guardian(s) Signature

Date

Health Insurance Company: _____

Policy#: _____

Attach Copy of card