JEREMY KLEIN
Superintendent
TIM CARR
Secondary Principal
DANA REINKE
Elementary Principal

Heartland Community Schools

Huskies

Serving the communities of Henderson & Bradshaw

1501 Front Street - Henderson, NE - 68371 - 402.723.4434 - Fax 402.723.4431 - www.heartlandschools.org

I, _____ of _____
(Parent/Guardian's Name) (Parent/Guardian's Address, City, State, Zip)

am the _____ of _____.
(Relationship) (Student's Name)

Student's date of birth _____

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while _____ is absent from home from (_____).
(Student's Name) (Dates of travel and event)

Parent/Guardian Phone Numbers

Parent Name _____ Parent Name _____
Work _____ Work _____
Home _____ Home _____
Cell _____ Cell _____

Physician _____ Dentist _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Work # _____ Home # _____ Work # _____ Home # _____

Medical Insurance Company _____ Policy # _____

Name of Insured _____

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies _____ Date of last tetanus shot _____

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Medication being taken _____

Physical impairments _____

Other pertinent facts to which a physician should be alerted. _____

_____

If Parent/Guardian cannot be reached in case of emergency call:

First Choice Name _____(Area Code) Phone # _____

Second Choice Name _____(Area Code) Phone # _____

In a medical emergency, I consent to Heartland Community Schools sponsor(s) using his/her or their discretion in using, taking, arranging for or consenting to the procedures or treatment.

I assume the total financial responsibility for the above-named student and will not hold the Heartland Community Schools responsible in the event of a medical emergency.

_____ _____

Signature of Parent/Guardian Date