



# Hanover Public Schools

## Medical Information

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ SS # \_\_\_\_\_

Sport(s) \_\_\_\_\_

Physicians Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

### List Two Persons to Contact in Case of Emergency:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

### Treatment Information

Are you allergic to any drugs? \_\_\_\_\_

If so, what? \_\_\_\_\_

If so, what? \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_

Are you on any medications? \_\_\_\_\_

Other \_\_\_\_\_

### Treatment Release and Permission to Transport

1. In case of emergency, I give Hanover Public Schools Staff members permission to treat and/or transport my son/daughter.
2. My son/daughter has permission to attend athletic, academic, or other extracurricular events (field trips, competitions, ect.) in USD 223 transportation vehicles.
3. I understand that a parent/guardian must furnish a personal note requesting that their student be allowed to travel home after an "away" event that he/she travelled to via school vehicle.

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