

Medical consent and emergency form	
Class where the child is registered_____	date of registration
Name of the student_____	birth date
Parents names _____	phone number
Martial status	married divorced separated widow/er
Home address	
Father's job	phone number
Car 's phone number	mobile
Place of work address	
Mother's job	
phone number	
Car 's phone number	mobile
Place of work address	
Grand parents from mother	phone number
Home address	
Grand parents from father	
Home address	

Doctor :	phone number
Address	
Allergy and other data related to health	
In case of emergency and the parents aren't available ,please call the persons listed who have the permission to pick up the child:	
Name	phone number
Address	
Name	phone number
Address	
In case you can't contact me ,I agree to have my child treated at the nearest hospital emergency room and I will provide for the payments .(please bring to our school a copy of the two sides of the health insurance document) .If there are any changes please let us know . you can call at our office at 04 2 321 121)	
Sign	date