



1900 Chamberlayne Avenue, Richmond, Virginia 23222
Phone 804-643-0434 www.pmcsrichmond.org

Emergency Medical Form for the School Year 20__-20__

Student Information

Student's Full Name _____

Date of Birth _____

Mother's Work Address _____

Mother's Home Phone _____ Work Phone _____ Cell _____

Father's Work Address _____

Father's Home Phone _____ Work Phone _____ Cell _____

People to Contact if Parents Cannot Be Reached

1. Full Name _____

Address _____

Relationship to Student _____ Phone Number _____

(Friend, Grandparent, Neighbor, etc.)

2. Full Name _____

Address _____

Relationship to Student _____ Phone Number _____

3. Student's Physician _____ Phone Number _____

Address _____

I authorize the school to secure any and all necessary treatment for my child, _____, in the event of an illness or injury and I shall bear financial responsibility for such treatment.

The school's policy is to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.

Signature of Parent(s)/Guardian(s) _____ Date _____