

**Eaton Rapids High School
Health Information**

Student Name _____ **Grade** _____

Allergies: _____

Physical Limitations, Medications: _____

Emergency Contacts: (person the school may call if we are unable to reach a parent)

Name: _____

Relationship: _____ **Phone No:** _____

Name: _____

Relationship: _____ **Phone No:** _____

This is to authorize the Eaton Rapids Public Schools to obtain medical assistance for my child in the event that he or she is injured at school and the parent cannot be contacted. If necessary, the child is to be taken to the hospital. I will assume responsibility for any expenses incurred.

Signature of Parent/Guardian