

GRACE BRETHREN JR/SR HIGH SCHOOL

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STUDENT HEALTH FORM - H1 AUTHORIZATION TO TREAT A MINOR

Permission is granted for the below-named student to be given appropriate medical care in the case of an emergency or life-threatening situation when circumstances are such that it is impractical or unreasonable to obtain my consent (However, I understand that the school will contact me as soon thereafter as is reasonable). In such cases, I will assume responsibility for the cost of those related emergency medical services.

Signature of Parent/Guardian
(any copy is as valid as original)

Date

Student Name

Birth Date

Home Ph. #

Address

City, State Zip

Last Tetanus Booster: _____

Allergies to Drugs/Food: _____

**Any Special Medications: _____

Insurance Carrier: _____

Group No: _____

Family Physician: _____

Phone No: _____

Dentist: _____

Phone No: _____

Mother's Name: _____

Emergency No: _____

Cellular No: _____ Pager No: _____

Work No: _____

Father's Name: _____

Emergency No: _____

Cellular No: _____ Pager No: _____

Work No: _____

Emergency Contact: (Please list in order person to be contacted. Every attempt will be made to contact parents first)

1. Emergency Name: _____

Phone No: _____

2. Emergency Name: _____

Phone No: _____

3. Emergency Name: _____

Phone No: _____

For assistance with prescription medications, **Student Health Form H2 must also be completed.