



MEDICAL INFORMATION FOR CHILDREN

Child's Full Name _____ **Birth Date** _____

Parent's First/Last Name _____

Health Insurance-Carrier Name _____

Policy Holder Name _____ **Policy Number** _____

Name of Child's Doctor _____ **Phone Number** _____

Emergency Contact Name _____ **Phone Number** _____

Does your child have any health problems GSEB needs to be aware of? _____

Does your child have any allergies? _____

Parent Signature

I/we hereby authorize the German School of the East Bay to obtain any medical treatment for my child in case of a medical emergency. In case of a medical emergency, your child will be taken to UCSF Benioff Children's Hospital Oakland. Should you object, please leave your child's teacher with written, detailed instructions as to how you wish us to proceed. The School is not liable for any costs that may occur during an emergency.

PARENT/GUARDIAN REPRESENTS THAT THE FOREGOING INFORMATION AND ALL OTHER INFORMATION PROVIDED IS TRUE AND CORRECT AND AGREES TO NOTIFY GSEB BY EMAIL OF ANY CHANGES THEREIN.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date