

**Bethel Park School District**  
**Student Emergency Information Form**  
(To be used for all school related activities and field trips)

**PLEASE PRINT ALL INFORMATION CLEARLY**  
**Information is to be viewed only by District Professional Staff & Emergency Medical Personnel - FERPA and HIPAA Regulations Apply**

**Activity/Event Information:** (Completion and submission of this form indicates permission for the student's participation in the activity identified below.)

Activity/Event 2<sup>nd</sup> grade to Symphony Date(s) of Activity Fri., March 19

**Student Information** (Please sign 2<sup>nd</sup> page)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**Health Insurance Information**

Insurance Provider \_\_\_\_\_ Provider's Phone # ( ) \_\_\_\_\_

Agreement # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_

**First Aid/Emergency Treatment Authorization**

**In the event of an emergency where treatment is required, every attempt will be made to reach a parent or guardian. However, school district employees are authorized under *in loco parentis* to seek medical treatment and to share this information, when necessary, in the best interest of the student, with emergency medical personnel.**

**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

**Other Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

