

CHICAGO ELEMENTARY SCHOOL  
Emergency Agreement /Authorization  
2022 – 2023 School Year

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

In case of accident or serious illness, I, request the school to contact me. If the schools is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary, including taking my child to the hospital for emergency treatment.

**Medical Condition**

Allergies: \_\_\_\_\_

\_\_\_\_\_

Other Conditions/Remarks: \_\_\_\_\_

\_\_\_\_\_

Medication(s): \_\_\_\_\_

\_\_\_\_\_

**Physician's Information**

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian