



Emergency Medical Treatment, Contacts, and Transportation (2026 – 2027)

Student Name

Birthdate

I, as the parent/guardian of the above identified student, give my consent for Walsh Academy personnel to authorize, on my behalf, any necessary evaluation and emergency medical treatment for my student should such evaluation or treatment be deemed necessary. I understand that Walsh Academy will neither be held liable for medical outcomes nor financially responsible for the costs of any medical evaluation or treatment.

****Note: There MUST be a Primary AND Secondary contact listed to contact in case of an emergency. A Secondary contact must be included in case the Primary contact is unreachable.**

Attending Physician

Insurance Company

Physician Name

Insurance Company Name

Street Address

Name of Insured

City, State, Zip Code

Policy Identification #

Phone

Phone

Fax

Fax

Emergency Contact (Primary)

Emergency Contact (Secondary)

Name

Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Cell Phone

Cell Phone

Work Phone

Work Phone

I give consent for Walsh Academy to send my child home on transportation in the event of an emergency situation (i.e. inclement weather, loss of electricity) where an early dismissal is necessary and my contacts cannot be reached.

Parent / Guardian (Print Name)

Signature

Date