



**Mind Meadow Tutoring / Learn More Tutoring
Emergency Contact & Medical Information Form**

This form must be completed for each student before tutoring sessions begin.

Date: _____

Student Information

Student Full Name: _____

Date of Birth: _____ Age: _____ Grade Level: _____

Parent/Guardian Full Name: _____

Home Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contacts

(At least two contacts required, in addition to the parent/guardian listed above)

Emergency Contact #1 (other than parent/guardian)

Full Name: _____

Relationship to Student: _____

Primary Phone: _____ Alternate Phone: _____

Emergency Contact #2

Full Name: _____

Relationship to Student: _____

Primary Phone: _____ Alternate Phone: _____

Additional Emergency Contact (optional)

Full Name: _____

Relationship to Student: _____

Primary Phone: _____ Alternate Phone: _____

Medical & Health Information

Physician Name: _____

Physician Phone: _____

Allergies (food, medication, environmental, etc.):

None Yes (please list and note severity, e.g., anaphylaxis):

Current Medications:

None Yes (please list):

Medical Conditions or Diagnoses (e.g., asthma, diabetes, seizures, autism, ADHD, anxiety):

None Yes (please describe):

Any special instructions in case of medical emergency or health concern during a session?

Authorization for Emergency Care

In the event of a medical emergency during a tutoring session, I authorize Mind Meadow Tutoring / Learn More Tutoring (or the assigned tutor) to seek emergency medical treatment for my child, including calling 911 and transportation to the nearest medical facility if necessary. I understand that the tutor will attempt to contact me or the listed emergency contacts first whenever possible.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____