

EMERGENCY STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Birth Date (month/day/year) _____ Year in School _____

Home Address: Street _____

Town _____ State _____ Zip Code _____

County _____ Home Phone _____

Name of Mother _____ Home Phone _____ Cell Phone _____

Employer _____ Business Phone _____

Name of Father _____ Home Phone _____ Cell Phone _____

Employer _____ Business Phone _____

The student lives with (circle as applicable): Mother Father Guardian Other _____

Legal Guardian (if different from above) _____

Home Phone _____ Cell Phone _____

ALLERGIES _____

MEDICATIONS TAKEN REGULARLY _____

SPECIAL HEALTH CONDITIONS (if applicable) _____

IN CASE OF AN EMERGENCY

I hereby authorize the following people to be called and/or to pick up my child in case of illness, emergency, or any other reason if parental contact cannot be made:

1. Name _____ Relationship _____ Phone Number _____

2. Name _____ Relationship _____ Phone Number _____

Doctor Preference _____

Address _____ Phone Number _____

Hospital Preference _____

Address _____ Phone Number _____

In the event of an emergency involving my child, I grant permission for school authorities to seek medical care. In addition, I understand appropriate medical care may include emergency assistance and/or hospitalization. I authorize the attending physician to render medical and emergency care to my child as necessary. I agree to assume all responsibility and expense, including transportation costs, incurred for providing medical care.

Parental/Guardian Signature _____ Date _____