

# 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 \_\_\_\_\_