

# EMERGENCY INFORMATION

Grade \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**\*\*\*Please Print: Use boxes provided to identify whom we should contact 1<sup>st</sup>, & 2<sup>nd</sup>.\*\*\***

Mother's Name: \_\_\_\_\_ Work Phone # \_\_\_\_\_ ext. \_\_\_\_\_ cell# \_\_\_\_\_

Company Name and Address \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone # \_\_\_\_\_ ext: \_\_\_\_\_ cell# \_\_\_\_\_

Company Name and Address \_\_\_\_\_

\*If the non-custodial parent is not named above, has he/she been denied or granted limited access to child by a court order? \_\_\_\_\_

Briefly explain: \_\_\_\_\_

**Allergies** (i.e. Food, Bee Sting, Medicines, etc.) \_\_\_\_\_

Symptoms these cause: \_\_\_\_\_ Treatment : \_\_\_\_\_

**Medical conditions:** (i.e. Asthma) \_\_\_\_\_

Symptoms these cause: \_\_\_\_\_ Treatment: \_\_\_\_\_

**\*\*\*It is the Parents' / Guardians' responsibility to keep this information current.\*\*\***

**\*\*Please complete both sides\*\***

# EMERGENCY INFORMATION

Teacher: \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**\*\*\*Please Print: Use the box provided to identify whom we should contact 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup>.\*\*\***

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ ext. \_\_\_\_\_ cell# \_\_\_\_\_

Company Name and Address \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ ext: \_\_\_\_\_ cell# \_\_\_\_\_

Company Name and Address \_\_\_\_\_

\*If the non-custodial parent is not named above, has he/she been denied or granted limited access to child by a court order? \_\_\_\_\_

Briefly explain: \_\_\_\_\_

**Allergies** (i.e. Food, Bee Sting, Medicines, etc.) \_\_\_\_\_

Symptoms these cause: \_\_\_\_\_ Treatment : \_\_\_\_\_

**Medical conditions:** (i.e. Asthma) \_\_\_\_\_

Symptoms these cause: \_\_\_\_\_ Treatment: \_\_\_\_\_

**\*\*\*It is the Parents' / Guardians' responsibility to keep this information current.\*\*\***

**\*\*Please complete both sides\*\***

**\*\*\*EMERGENCY CONTACTS must be able to drive & assume temporary care if you cannot.\*\*\***

<input type="checkbox"/> Name _____	<input type="checkbox"/> Name _____
Address _____	Address _____
Phone # _____	Phone # _____

**\*\*\*Please Print: Use boxes provided to identify whom we should contact 3<sup>rd</sup> & 4<sup>th</sup>.\*\*\***

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the school may make all arrangements deemed necessary. I assume transportation responsibility if child needs to be taken home, to the doctor or the hospital.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

Child's Dentist or Orthodontist :(if mouth injury occurs): \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

**\*\*\*It is the Parents / Guardians responsibility to keep this information current.\*\*\***

**\*\*Please complete both sides\*\***

**\*\*\*EMERGENCY CONTACTS must be able to drive & assume temporary care if you cannot.\*\*\***

<input type="checkbox"/> Name _____	<input type="checkbox"/> Name _____
Address _____	Address _____
Phone # _____	Phone # _____

**\*\*\*Please Print: Use boxes provided to identify whom we should contact 3<sup>rd</sup> & 4<sup>th</sup>.\*\*\***

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the school may make all arrangements deemed necessary. I assume transportation responsibility if child needs to be taken home, to the doctor or the hospital.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

Child's Dentist or Orthodontist:(if mouth injury occurs): \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

**\*\*\*It is the Parents' / Guardians' responsibility to keep this information current.\*\*\***

**\*\*Please complete both sides\*\***