



### Student Emergency Information

This form shall be filled out each September and returned to school on the first day. Please type or print

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Grade: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Academic year: \_\_\_\_\_ / \_\_\_\_\_

Home phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Mother's's name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

List the names of at least two persons who can be contacted if the parents cannot be reached in case of an emergency or illness:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any health/medical problems: \_\_\_\_\_

List medication/drugs taken regularly \_\_\_\_\_

In the event of an emergency and one of the person's listed on the form are available, I authorize the school to take my child to the hospital or doctor's office for emergency care.

Parent/Guardian signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the form to the teacher on the first day of school**