

Emergency Information Form

Last Name	First Name	Date of Birth	Sex	Grade	Student ID#
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Please print clearly in ink.

First Parent/Guardian: _____ Relationship: _____

Home () _____ Work (____) _____ Ext _____ Cell _____

Second Parent/Guardian: _____ Relationship: _____

Home () _____ Work (____) _____ Ext _____ Cell _____

Third Parent/Guardian: _____ Relationship: _____

Home () _____ Work (____) _____ Ext _____ Cell _____

Fourth Parent/Guardian: _____ Relationship: _____

Home () _____ Work (____) _____ Ext _____ Cell _____

If illness or injury requires that my son/daughter be dismissed from school when parent/guardian cannot be contacted, he or she may be released **ONLY** by the following listed persons:

First Contact Name: _____ Relationship: _____

Home () _____ Work (____) _____ Ext _____ Cell _____

Second Contact Name: _____ Relationship: _____

Home () _____ Work (____) _____ Ext _____ Cell _____

Third Contact Name: _____ Relationship: _____

Home () _____ Work (____) _____ Ext _____ Cell _____

Fourth Contact Name: _____ Relationship: _____

Home () _____ Work (____) _____ Ext _____ Cell _____

Names of Anyone **NOT AUTHORIZED** to pick up student: _____

Physician Name	Telephone	Hospital Affiliation	Medical Insurance Carrier
_____	_____	_____	_____

Does your son/daughter have any current health problems about which the school should be informed?

Yes ____ No ____ If Yes, please explain: _____

Does he/she take daily medication at home? Yes ____ No ____ If yes, name of medication and medical reason: _____

Will medication need to be administered at school? **Yes ____ No ____ If Yes, name of medication and medical reason: _____

***In order for medication to be given at school, please request a Medication Consent form from our school's health care technician to be completed by parent and doctor.*

In case of an emergency, your son/daughter may be taken to an emergency facility by ambulance if necessary. I understand the District assumes no responsibility for expenses incurred.

Parent/Guardian Signature _____ Date _____