Andrew P. Hill High School

Emergency Information Form

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Grade</th>
<th>Student ID#</th>
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</thead>
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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: ______________________________________

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<tr>
<th>Physician Name</th>
<th>Telephone</th>
<th>Hospital Affiliation</th>
<th>Medical Insurance Carrier</th>
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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 _________________