

# **EMERGENCY INFORMATION**

\*\*\*Please complete ALL lines – indicate “No” or “None” as needed\*\*\*

ID# \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
*(Street) (City) (Zip)*

FATHER’S NAME: \_\_\_\_\_ MOTHER’S NAME: \_\_\_\_\_

FATHER’S CELL #: \_\_\_\_\_ MOTHER’S CELL #: \_\_\_\_\_

FATHER’S WORK #: \_\_\_\_\_ MOTHER’S WORK #: \_\_\_\_\_

FATHER’S EMAIL: \_\_\_\_\_ MOTHER’S EMAIL: \_\_\_\_\_

PHONE NUMBER TO TEXT IN CASE OF EMERGENCY: \_\_\_\_\_

STUDENT HEALTH CONCERNS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ASTHMA: YES NO

PHYSICIAN/ADDRESS/PHONE #: \_\_\_\_\_

If we cannot be contacted at the above locations at the time of serious injury or illness, school authorities have permission to call either of the following people, which will help assume responsibility until we can be located.

\_\_\_\_\_  
FULL NAME RELATIONSHIP (relative/friend) PHONE # W/AREA CODE

\_\_\_\_\_  
FULL NAME RELATIONSHIP (relative/friend) PHONE # W/AREA CODE

SCHOOL AUTHORITIES HAVE OUR CONSENT TO ACT IN AN EMERGENCY TO SECURE THE NECESSARY AID AND TRANSPORTATION FOR THE PRESERVATION OF OUR CHILD’S HEALTH IN TIME OF EMERGENCY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**Please inform the Nurse’s Office of any changes in the above information.**