

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

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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.