Emergency Information Form

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____ _____
Street Address/Apt. # *City* *State* *Zip Code*

Student's Age _____ **Date of Birth** _____ **Student's Phone Number** _____

Grade _____ **Teacher (Homeroom)/Classroom** _____ **Bus #** _____

TO BE COMPLETED BY PARENT/GUARDIAN: TO SERVE YOUR CHILD IN CASE OF ACCIDENT OR SUDDEN ILLNESS, IT IS NECESSARY THAT YOU FURNISH THE FOLLOWING INFORMATION**:**

MOTHER'S NAME _____ _____ _____
Last Name *First Name* *Middle Initial*

Mother's Employer _____ Phone # _____

FATHER'S NAME _____ _____ _____
Last Name *First Name* *Middle Initial*

Father's Employer _____ Phone # _____

GUARDIAN'S NAME _____ _____ _____
Last Name *First Name* *Middle Initial*

Guardian's Employer _____ Phone # _____

In case of emergency, accident, or serious illness of the above named child, I request the school to contact me. If school personnel are unable to contact me, I hereby authorize them to call the following people who are authorized to pick up my child from school or a school-sponsored activity:

_____ _____ _____
Name *Phone Number* *Relationship*

_____ _____ _____
Name *Phone Number* *Relationship*

Doctor's Name: _____ Phone # _____

Address: _____

If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

_____ _____
Signature of Parent/Guardian *Date*

Emergency Information Form

Is your child on any routine medication? ☐ Yes ☐ No If yes, please list below:

Medication	Dosage

Is your child allergic to medication(s)? ☐ Yes ☐ No If yes, please specify _____

_____

Is your child allergic to insect bites? ☐ Yes ☐ No

Does your child have allergies? ☐ Yes ☐ No

Does your child have a history of ☐ heart disease ☐ diabetes ☐ T.B ☐ nervous disorder ☐ epilepsy ☐ ear infection ☐ seizure ☐ asthma ☐ Other _____?

If so, please check and describe any special emergency treatment that may be required: _____

Please list any other conditions that might require emergency medical treatment: _____

_____

_____ _____

Signature of Parent/Guardian ***Date***

Log of Attempts to Contact Parent/Guardian

Date	Time	Phone # Called	Answered?		Person Answering Phone/Response
			Yes	No	

Review/Revised:10/14/2014