

EMERGENCY INFORMATION

Please write CLEARLY

STUDENT'S NAME: _____ FAMILY NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE: (____) _____

GRADE: _____ ROOM: _____ TEACHER: _____

In case of an emergency I authorize the school to contact the following individuals. I understand that this list is to include a parent(s) as well as others who reside within a reasonable proximity of the school and have agreed to be **READILY** available to pick up my child in the event that a parent cannot be contacted.

Signature of Parent: _____ Date: _____

* Please indicate the order in which you would like emergency calls made.

* Mother's Name : _____

Home Phone: _____ Business Phone: _____ Cell Phone/Pager: _____

* Father's Name: _____

Home Phone: _____ Business Phone: _____ Cell Phone/Pager: _____

* 1. Name: _____ Relationship to child: _____

Home Phone: _____ Business Phone: _____ Cell Phone/Pager: _____

* 2. Name: _____ Relationship to child: _____

Home Phone: _____ Business Phone: _____ Cell Phone/Pager: _____

Has the child ever had any of the following problems? If yes, please describe.

ASTHMA _____ HEART TROUBLE _____

SEIZURES _____ DIABETES _____

ARE THERE ANY OTHER MEDICAL PROBLEMS OR ALLERGIES, INCLUDING ALLERGIES TO MEDICATION, OF WHICH THE SCHOOL SHOULD BE AWARE? IS THE CHILD ON MEDICATION?

PLEASE NOTE: IN THE EVENT OF AN EMERGENCY REQUIRING IMMEDIATE CARE BY A MEDICAL PROFESSIONAL, THE SCHOOL WILL CONTACT THE PARAMEDICS WHO WILL TRANSPORT THE CHILD TO THE NEAREST MEDICAL FACILITY.

(OVER)

_____ Last Name, First Name, MI
_____ Grade
FOR OFFICE USE ONLY

Medical Information and Emergency Notification Form

Academic Year _____

Student's name (Last Name, First Name, Middle Initial)

Date of Birth

I hereby acknowledge that I have received and read the School Medication Procedures. I understand that I am primarily responsible for all medical decisions regarding my child and that under the School Medication Procedures, and that the administration or self-administration of medication to my child will not be allowed unless I have complied with the requirements of the School Medication Procedures.

_____ has the following medical conditions:
(Student's name)

In case of an emergency involving this student, please contact:

Parent or Guardian

Daytime telephone

Other Emergency Contact:

Other telephone

Individual

Daytime telephone

Relationship to Student

Other telephone

X _____
Signature of Parent/Guardian

Date