

EMERGENCY FORM

GRADE _____

HOMEROOM _____

BUS NO. a.m. _____

p.m. _____

Please PRINT Information.

PUPIL'S NAME _____ Date of Birth _____
Last First Middle month day year

HOME ADDRESS _____ Phone _____

FATHER'S NAME _____ Cell _____

SPOUSE'S NAME _____ Cell _____

Home Address _____ Phone _____

Father Employer & Address _____ Phone _____

Spouse Employer & Address _____ Phone _____

MOTHER'S NAME _____ Cell _____

SPOUSE'S NAME _____ Cell _____

Home Address _____ Phone _____

Mother Employer & Address _____ Phone _____

Spouse Employer & Address _____ Phone _____

FIRST ALTERNATE PERSON TO BE NOTIFIED _____

Please check: neighbor relative sitter

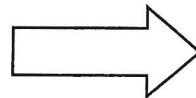
ADDRESS _____ Phone _____

SECOND ALTERNATE PERSON TO BE NOTIFIED _____

Please check: neighbor relative sitter

ADDRESS _____ Phone _____

OVER



DOCTOR TO BE NOTIFIED _____

Name

Phone

If emergency treatment is required, may the school authorities use their own judgment in sending your child to the hospital or doctor most easily accessible providing none of the listed persons can be reached?

_____ YES _____ NO (Please initial on the line. DO NOT CHECK.)

If your child would request Tylenol or Advil during the school day, do you give permission for school personnel to administer medication? _____ YES or _____ NO (Please initial on the line. DO NOT CHECK.)

Please list any and all medications your child is currently taking at school and/or at home _____

Please list any allergies _____

Please circle and explain any health conditions your child is diagnosed with; asthma, arthritis, bee stings, bleeding disorders, cerebral palsy, cystic fibrosis, diabetes, eating disorder, heart conditions, seizures, spinabifida, stomach conditions, tourette's, vision

Please list any learning and/or emotional conditions (ADD/ADHD, Bipolar, Depression, etc.)

Written signature of parent or guardian

Does your child have Health Insurance?

Circle: YES or NO

If YES, Name:

Policy #