

Emergency Information

Please print clearly in ink.

Last Name	First Name	Date of Birth	Sex	Grade	Student ID#

First Parent / Guardian: _____ Relationship _____
Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Second Parent / Guardian: _____ Relationship _____
Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

If illness or injury requires that my son/daughter be dismissed from school when parent/guardian cannot be contacted, he or she may be released ONLY by the following listed persons:

First Contact Name _____ Relationship _____
Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Second Contact Name _____ Relationship _____
Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Third Contact Name _____ Relationship _____
Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Fourth Contact Name _____ Relationship _____
Home _____ Work(____) _____ Ext _____ Cell _____ Pager _____

Physician Name	Telephone	Hospital Affiliation	Medical Insurance Carrier

Does your son/daughter have any current health problems about which the school should be informed?

Yes _____ No _____ If yes, please explain: _____

Does he/she take daily medication at home? Yes _____ No _____ If yes, name of medication and medical reason: _____

Will medication need to be administered at school? **Yes _____ No _____ If yes, name of medication and medical reason: _____

**In order for medication to be given at school, please request Medication Consent form from our school health care technician to be completed by parent and doctor.

In case of an emergency, your son/daughter may be taken to an emergency facility by ambulance if necessary. I understand the District assumes no responsibility for expenses incurred.

Parent/Guardian Signature _____ Date _____