

EMERGENCY INFORMATION FORM

(Please print)

Birth date: _____

Grade: _____

Student Name: _____ Home Phone: _____

Address: _____
(Street) (City) (State) (Zip)

School District: _____

Father's Name: _____ Home Phone: _____ Cell: _____

Father's Place of Business: _____ Phone: _____

Father's email address: _____

Mother's Name: _____ Home Phone: _____ Cell: _____

Mother's Place of Business: _____ Phone: _____

Mother's email address: _____

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

PLEASE FILL IN INFORMATION BELOW:

___ If your child is under the doctor=s care for any of the following, please circle:

Diabetes
Hearing Problem
Others - specify:

Epilepsy
Kidney Disease

Heart Condition
Allergy

Asthma
Allergy to Insect Bites

Vision Defect

___ Your child will be expected to participate in gym or physical education. If there are physical limitations, he/she will need a doctor=s note.

___ Has your child had any surgery, injury, or serious illness during the past year?

___ Has he/she received any immunizations during the past year?

___ Is your child taking any prescribed medicine routinely?

___ Does he/she have any additional problems not covered by the above questions?

If you have answered yes to any of the above, please explain:

Family Physician's Name: _____

Preferred Hospital: _____

If the information is of a confidential nature, please return this paper in a sealed envelope to the school nurse.

Date _____
(Signature of Parent/Guardian)