

School Year \_\_\_\_\_

**EMERGENCY INFORMATION FORM**  
**(Please Print)**

Teacher/Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

**Where can parents be reached if not at home?**

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
(food, medication, insects or uses Epi-Pen)

Does your child take medication on a regular basis? \_\_\_\_\_

Other Conditions \_\_\_\_\_  
(Asthma, Cerebral Palsy, Cystic Fibrosis, Diabetes, Heart Condition, Hemophilia, Seizures/ Epilepsy or other)

Remarks \_\_\_\_\_ Date \_\_\_\_\_

**NO medication (prescription and non-prescription, including Tylenol, cough drops, etc.) will be administered in school or during school sponsored activities without a physician medication & parent authorization completed on the Parent's Request to Administer Medication at School and Physician's Order Form.**

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Office Telephone \_\_\_\_\_ Other Telephone \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary.

Signature of parent or guardian \_\_\_\_\_

**List people/relatives who will assume temporary care of your child if you cannot be reached:**

1. Name \_\_\_\_\_ Tel. \_\_\_\_\_ Bus./Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Tel. \_\_\_\_\_ Bus./Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Tel. \_\_\_\_\_ Bus./Cell \_\_\_\_\_

**\* Remember to update this information when changes occur\***