

# EMERGENCY FORM

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_ Grade \_\_\_ HR \_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father

Other (explain): \_\_\_\_\_

***In Case of Illness or Emergency, please refer to the following:***

Mother's/Guardian's Name \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Business Ph# \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Business Ph# \_\_\_\_\_

Relative or Neighbor \_\_\_\_\_ Phone \_\_\_\_\_

Relative or Neighbor \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address Mother: \_\_\_\_\_

Father: \_\_\_\_\_

***In the event of a medical emergency, the school reserves the right to call an ambulance and transport the child by ambulance to the nearest hospital or, if feasible, to the preferred hospital indicated on this Emergency Card. Parents will be contacted as promptly as possible.***

***In case of emergency, if it is necessary to call a physician or dentist, contact:***

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preferred \_\_\_\_\_

Health Problems (*allergies, medications, significant medical conditions*)

***I give permission for essential medical information to be communicated to appropriate school personnel to ensure my child's health and safety in school.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If there are any ***Custody*** issues – Please explain in detail: \_\_\_\_\_

***Please notify the school IMMEDIATELY when changes need to be made in the above information.***