

# EMERGENCY INFORMATION

NAME: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex:  Female  Male

Legal last name (if different) \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

List below parent(s) or guardian child lives with:

Name: _____	Relationship to Child: _____	Employer: _____	Home Phone: _____
Name: _____	Relationship to Child: _____	Employer: _____	Business Phone: _____

If parents are divorced or separated, who has physical custody?  Joint  Mother  Father  Guardian

Parents should notify the district immediately if there is a change.

Day Care: Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of illness, emergency or accident and parent/guardian cannot be located, the following adults are authorized to act on behalf of the parent/guardian. (Please enter two names of local neighbors, friends, relatives, or sitter.)

1. _____	Phone _____	Relationship _____
2. _____	Phone _____	Relationship _____
Primary Care Provider (PCP) Name _____	Medical Coverage by _____	ID# _____
Address _____	PCP Phone No. _____	Hospital Preference _____

In the event of an emergency, when a parent or guardian is unavailable, I authorize School personnel to make arrangements for my child to receive medical/hospital care including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

X \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Turn Over and Complete Health Information