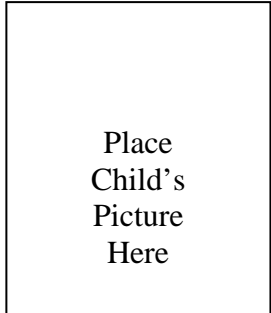




## Student Emergency Instruction Form

**School Year: 2020-2021**

*Parent Information: Please fill out completely and sign where indicated. In the event a student is injured or for any other reason needs emergency attention, the following information is required. This form will be used by the school nurse/staff when students are released to go home. Please complete clearly and return completed form to school nurse.*



Place  
Child's  
Picture  
Here

**STUDENT NAME:** \_\_\_\_\_

### Parent Contact Information in Case of Emergency

*Please indicate if the number is home, work or mobile.*

- 1. In case of emergency first call:** \_\_\_\_\_
- 2. Other number to call in emergency:** \_\_\_\_\_
- 3. Other number to call in emergency:** \_\_\_\_\_
- 4. Other number to call in emergency:** \_\_\_\_\_

### Please indicate other Emergency Contact Number if a parent cannot be reached

*A contact person would be someone who is readily available.*

- 1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 3. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 4. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*In an emergency, I authorize school authorities to administer first aid and/or take any steps necessary to administer medical treatment and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent (guardian) can be contacted.*

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date