HS002

BRENTWOOD UNION FREE SCHOOL DISTRICT

Emergency Home Contact

School Year: 20_____ 20_____ Grade_____ Room_____ Teacher _____

Name_____ Birth Date_____/_____/_____

Address_____ Phone # Home _____

Street Town Zip Code Beeper _____

Cell _____

Business _____

_____

Father/Guardian's Name Place of Employment Phone

_____

Mother/Guardian's Name Place of Employment Phone

Physician to be called in an emergency_____ Phone _____

In the event that our child becomes ill in school and we are unavailable, we hereby authorize the following individuals to transport and care for our child:

_____

Name Address Phone

_____

Name Address Phone

_____

Name Address Phone

(Please complete both sides) Parent/Guardian's signature _____

(Please check if applicable) ☐ My child has a health condition requiring special care in the event of an emergency

Please complete: Health History - Illnesses, operations or injuries in the past 12 months:

_____ Date: _____

Immunizations or Medical Tests in the past 12 months:

_____ Date: _____

Name of any medication taken on a regular basis:

_____ Reason _____

Special conditions, illnesses or limitations of activity, drug/other allergies:

_____

_____

Names of Brothers/Sisters

Last	First	Age	School Attends

Revised 3/02