HS002

BRENTWOOD UNION FREE SCHOOL DISTRICT

Emergeny Home Contact

School Year: 20___ 20___ Grade_____ Room_____ Teacher _____

Name_____ Birth Date_____/_____/_____

Address_____ Phone # Home _____

Street Town Zip

Cell_____

Business _____

_____

Father/Guardian's Name Place of Employment Phone

_____

Mother/Guardian's Name Place of Employment Phone

Physician to be called in case of emergency _____ Phone _____

In the that our child becomes ill in school and we are unavailable, we herby 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) o 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 3/19