



Assets School EMERGENCY INFORMATION

Student's Name _____ Date of Birth _____
(PRINT) LAST FIRST MIDDLE INITIAL MONTH / DAY / YEAR

Address _____ Home Phone _____
CITY STATE ZIP CODE

Father's/Guardian's Name _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

Mother's/Guardian's Name _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

Student resides with _____

Health Insurance Carrier _____ Policy # _____

Subscriber's Name _____ Group # _____

Medical Conditions (allergies, prescription medicine, etc.) the school should know about my child: _____

When the listed student becomes ill or incurs injury during a school-sponsored activity and I am unable to be contacted, the school authorities have my permission to contact and release the student to the custody of any of the following persons:

Name	Relationship	Home Ph.	Cell Ph.	Work Ph.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family Physician's Name _____ Phone # _____

Preferred Hospital _____

**To ensure prompt attention to your child,
PLEASE NOTIFY SCHOOL OF ANY CHANGES IN INFORMATION.**

Signature of Parent/Guardian _____ Date _____