

Emergency Information Form

Students Name: _____ Birth date: _____

Grade _____ School: _____

Legal Home Street Address _____

#1 Legal Guardian Name _____

Contact # (_____) _____ Contact # (____) _____

#2 Legal Guardian Name _____

Contact # (_____) _____ Contact # (____) _____

List CURRENT HEALTH conditions & their treatment diagnosed by a healthcare provider that may impact your child during the school day or during an emergency lockdown or evacuation:

- _____
- _____
- _____

LIST ALL Known Allergies (FOOD/INSECTS/MEDICATIONS ETC.) and explain the reaction:

- _____
- _____
- _____

EMERGENCY CONTACTS: Please name two (2) persons other than the legal guardian that may take responsibility for your child or make decisions for health care:

1) _____ Phone # _____

2) _____ Phone # _____

Child's Healthcare Provider: _____

Child's Insurance Provider: _____

By signing below, I give my child consent to participate in **EDUCATIONAL/SPORTS/CLUB** school-related student trip(s). I understand that I am responsible to provide all medications and treatment supplies related to my child's health conditions indicated above. I authorize trained school personnel to assist my child with his/her medication as my child's healthcare provider or I have directed if needed. **Teachers/Sponsors are responsible to provide specific information and have specific consent for each trip. Form 09.36 AP.211 is required for any overnight or out of state travel.**

I authorize school personnel to make the determination, in the event of accident or sudden illness while at school or on a school-sponsored trip, to have EMS transport my child to the nearest hospital and authorize treatment as deemed necessary for the health of said child.

Parent/Legal Guardian Signature

Date

Review/Revised:4/21/2021