

PLEASE USE **DARK** BLUE OR BLACK INK

**BUTLER AREA SCHOOL DISTRICT
EMERGENCY DATA SHEET**

SCHOOL: _____

AM BUS #	PM BUS #
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SCH YR: _____

Please print clearly all data requested below and return this form to the school as soon as possible. Parents should list emergency contact person(s) who live near the school, have transportation, and have local phone numbers. The safety of your child may depend on the accuracy of this data.

STUDENT / PARENT / GUARDIAN PERSONAL DATA						
Student Name: (Last)	(First)	(MI)	Birth Date:	Grade:	Room:	Teacher:
Address:			City / Zip:		Phone # :	
Father / Guardian:		Home Phone:		Work Phone:		Cell / Pager:
Address (If different):				Email:		
Mother / Guardian:		Home Phone:		Work Phone:		Cell / Pager:
Address (If different):				Email:		
PHYSICIAN EMERGENCY DATA						
Family Physician:				Office # :		
Family Dentist:				Office #:		
Please note student medical problems. (If you wish them to be confidential, contact the school nurse):						
EMERGENCY DATA CONTACT – MUST LIVE LOCALLY						
Please list below person(s) we may contact in an emergency when parents/guardians are unavailable. These persons must be authorized to pick up the student as a temporary designated custodian in the event of evacuation or need to transport the student for medical treatment. List names in the order you would like us to make contact.						
1. Name:		Phone:		3. Name:		Phone:
Address:		Relationship:		Address:		Relationship:
2. Name:		Phone:		4. Name:		Phone:
Address:		Relationship:		Address:		Relationship:
MEDICAL INFORMATION						
Insurance Company Name:				Policy Number:		

I have read and understand the Butler Area School District Medication Policy. In case of an emergency requiring immediate medical treatment, if I cannot be reached by phone, I give my permission to transport this student (by ambulance if necessary) to the Butler Memorial Hospital, and I will assume responsibility for the expenses incurred.

Parent / Guardian Signature _____ **Date** _____