



Dansville Senior High School
Emergency Information Authorization
 Please return to the Dansville Senior High School Health Office

Today's Date:		Date of Birth	
Student's First Name		Student's Last Name	
Place of Birth		County of Residence	
Grade Level:		Sex : ___ F ___ M	
Father's Name (Legal/ Natural)	Home address	Phone Number	
Father's Place of Employment	Address	Work Phone Number	
Mother's Name (Legal/ Natural)	Home address	Phone Number	
Mother's Place of Employment	Address	Work Phone Number	
With Whom does the student live? Please check one ___ mother ___ Father ___ Both		School Information should be mailed to (please check one). ___ Mother's address ___ Father's Address ___ Both	
Step Parent's Name	Father:	Mother:	
List Siblings and their Date(s) of birth			
If my child has to be taken home because of a minor illness and I am not there or cannot be reached, please call:			
#1 Relative/Friends Name	Relationship	Phone	
Address			
#2 Relative/Friends Name	Relationship	Phone	
Address			
Babysitter	Relationship	Phone	
Address			
Name	Relationship	Phone	
Address			
Is your child on any medication	___Yes ___ No	If Yes, please specify:	
Asthma? ___Yes ___ No	Allergies ___Yes ___ No	Specify	
Is there any other pertinent health information we should know about?			
In an emergency when you cannot reach one of the above, I authorize Dansville Senior High School to call:			
Family Physician:	Phone: ()	Fax ()	
Address:			
Name of Preferred Hospital and Address:	Phone: ()	Fax ()	
Family Dentist:	Phone: ()	Fax ()	
Address			
If none of the above named can be reached, please take my child to the nearest Emergency Room by ambulance if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.			
My child has the following conditions which require special handling in an emergency:			
Signature of Parent or Legal Guardian		Date	