



EMERGENCY INFORMATION

STUDENT'S NAME _____
LAST FIRST M.I.

DATE OF BIRTH _____ GRADE _____ MALE FEMALE
MONTH/DAY/YEAR

STUDENT'S ADDRESS _____

CITY /STATE/ZIP HOME PHONE _____

FATHER/GUARDIAN'S NAME _____ CELL NUMBER _____

MOTHER/GUARDIAN'S NAME _____ CELL NUMBER _____

FATHER	EMPLOYER	MOTHER
PLACE _____	PLACE _____	
PLACE _____	PLACE _____	
WORK PHONE _____	WORK PHONE _____	

EMERGENCY CONTACTS

PLEASE DO NOT PUT PARENT'S NUMBERS HERE

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

Please note any special health conditions, such as an allergy to any medication (antibiotics, tetanus or adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc.

If student becomes ill at school, it is the responsibility of the parent to provide transportation home. In case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

NOTE: PLEASE INFORM THE SCHOOL OF ANY CHANGES.