

# Emergency Information

FAMILY LAST NAME: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_

## Parent/Guardian Information

Mother/Guardian Name:		
Mother's Address:		
Home#:	Cell phone#	Work#
Email:		

Father/Guardian Name:		
Father's Address:		
Home#:	Cell phone#	Work#
Email:		

Students live with:      Both Parent:       Mother:       Father:       Legal Guardian:

If Parents cannot be reached when a child is ill, please notify:

Name	Phone	Phone	Work/Alt. Phone	Relationship to student
1				
2				
3				

\*Emergency contacts will be required to show ID, when picking up students.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Student 1:

Last Name

First Name

DOB

Grade

Check Below, any conditions student has or any conditions that are being treated by a health care professional

Hearing Problems       Vision Problems       Diabetes       Asthma       Seizures

Allergies (list below)       Physical Handicap (list below)

List specific for allergies, physical handicap and/or any other physical problems not listed above:

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List any Medication that this student takes daily and dosage

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Student 2:

Last Name

First Name

DOB

Grade

Check Below, any conditions student has or any conditions that are being treated by a health care professional

Hearing Problems       Vision Problems       Diabetes       Asthma       Seizures

Allergies (list below)       Physical Handicap (list below)

List specific for allergies, physical handicap and/or any other physical problems not listed above:

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List any Medication that this student takes daily and dosage

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Student 3:

Last Name

First Name

DOB

Grade

Check Below, any conditions student has or any conditions that are being treated by a health care professional

Hearing Problems       Vision Problems       Diabetes       Asthma       Seizures

Allergies (list below)       Physical Handicap (list below)

List specific for allergies, physical handicap and/or any other physical problems not listed above:

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List any Medication that this student takes daily and dosage

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