

WALKER JUNIOR HIGH EMERGENCY FORM 2018 - 2019

Student Name _____ Grade _____

 Last First Middle

Social Security # _____ Birth date _____

Gender _____ Race _____ Birthplace _____

Physical Address _____

Mailing Address _____

PARENT/GUARDIAN INFORMATION (Person Student Lives With)

Guardian 1 _____ Guardian 2 _____

Relation _____ Relation _____

Address _____ Address _____

City, Zip _____ City, Zip _____

Home Ph _____ Home Ph _____

Cell Ph _____ Cell Ph _____

E-mail _____ E-mail _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

EMERGENCY CONTACT (Other Than Parent/Guardian Listed Above)

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Doctor Preference _____ Phone _____

Allergies/Medical Conditions _____

Brothers/Sisters Attending Monahans Schools and Living at the Same Address:

Name _____ School _____

Name _____ School _____

Name _____ School _____

To the Parent: The information asked above is needed as a permanent school record of your child and will be used by school personnel. This is to certify the above information is correct. I, the undersigned, do hereby authorize officials of this school to contact directly the person named on this form, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event the physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health or the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature _____ Date _____