

EMERGENCY INFORMATION

(please print)

S T U D E N T	Name of Child
	Home Address
	Phone #(s)

Does the student have any health problems, allergies, etc? YES NO Please specify _____

Does the student receive medication? YES NO Please specify _____

Local Physician's Name _____ Phone _____

P A R E N T S	G U A R D I A N	MOTHER	FATHER
		Name	Name
		Home Address	Home Address
		Home Phone #(s)	Home Phone #(s)
		Cell #	Cell #

W O R K	MOTHER	FATHER
	Employer	Employer
	Address	Address
	Phone #	Phone #
	Cell #	Cell #

List two nearby relatives or friends we may call if parents or guardian cannot be reached.

E M E R G E N C Y	Name Contact #1	Name Contact #2
	Phone #	Phone #
	Cell #	Cell #
	Relationship	Relationship
	Address	Address

In case of accident or serious illness where I cannot be reached, I hereby authorize the school to make whatever arrangements seem necessary for the care of my child.

Signature of Parent or Guardian _____ Date _____