



# EMERGENCY INFORMATION

( please print )

<b>S T U D E N T</b>	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 \_\_\_\_\_

<b>G U A R D I A N</b>	<b>MOTHER/GAURDIAN 1</b>	<b>FATHER/GUARDIAN 2</b>
	Name	Name
	Home Address	Home Address
	Home Phone #(s)	Home Phone #(s)
	Cell #	Cell #
<b>W O R K</b>	<b>MOTHER/GUARDIAN 1</b>	<b>FATHER/GUARDIAN 2</b>
	Employer	Employer
	Address	Address
	Phone #	Phone #
	Cell #	Cell #

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

<b>E M E R G E N C Y</b>	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 Guardian \_\_\_\_\_ Date \_\_\_\_\_