

EMERGENCY CONTACT INFORMATION

Parents/Guardians: It is REQUIRED to complete and return this Form to the Nurse. Any changes during the Current School Year should be sent in writing to the Nurse. Students may be released to persons on form.

Student's Name: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Major: _____ Lives with: _____

In case of Illness/Injury to Child named above, please contact the following people:

F-Father	M-Mother	SF-Stepfather	SM-Stepmother	G-Guardian	
() Parent			Work		Home
Cell			E-mail		_____
() Parent			Work		Home
Cell			E-mail		_____
() Contact			Work		Home
Cell			E-Mail		_____
() Contact			Work		Home
Cell			E-Mail		_____

If unable to reach Parents/Guardians in case of an Emergency, please provide a LOCAL contact person:

Name	Relationship	Work
Home	Cell	
Name	Relationship	Work
Home	Cell	

Student's Physician

Phone

Student's Dentist

Phone

Name of Health Insurance _____ Policy# _____

Recent Health Update--- Please list the following information:

Current Medication(s) _____

Disease, Illness, Mental Health Condition: _____

Allergies

Epi-Pen: YES NO

Date Last Tetanus shot: _____

Asthma: _____ Asthma medication: _____

In case of an emergency involving my child and no contact indicated on this emergency form can be reached, I give permission to school personnel to arrange for the student to be taken to the nearest hospital emergency room and I authorize the hospital medical staff to administer necessary medical care.

The above information may be shared with appropriate school personnel.

Date

Signature of Parent/Guardian _____

Name of Parent/Guardian (Print) _____