Emergency Information 2022-2023

1. FAMILY INFORMATION

Student Name: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Tel: _____ Home Email Address: _____

Date of Birth: _____ Birthplace: _____ Gender: _____

Public School District :_____ Bus Rider _____ Walker _____ Car Rider _____

2. PARENT/GUARDIAN INFORMATION

Student lives with: Parents _____ Mother _____ Father _____ Other _____

Father's/Guardian's Name: _____ Home Tel.: _____ Cell: _____

Employer: _____ Work Tel.: _____ Email: _____

Mother's/Guardian's Name: _____ Home Tel.: _____ Cell: _____

Employer: _____ Work Tel.: _____ Email: _____

Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the court order.

3. **CHILD CARE PROVIDER INFORMATION** (**Those designated below are authorized to pick up my child from school in an emergency**)

Child Care Provider's Name: _____ Relationship to Child: _____

Home Tel.: _____ Cell: _____ E-mail: _____

4. LOCAL CONTACT INFORMATION

a. Local Contact's Name: _____ Relationship to Child: _____

Home Tel.: _____ Cell: _____ Work Tel.: _____ E-mail: _____

b. Local Contact's Name: _____ Relationship to Child: _____

Home Tel.: _____ Cell: _____ Work Tel.: _____ E-mail: _____

In a medical emergency, I/we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

_____ _____ _____

Parent/Guardian Signature Parent/Guardian Signature Date

Please keep a copy of this form for your records. IMPORTANT: Please update your school immediately if any information changes.

STUDENT HEALTH INFORMATION

5. MEDICAL/PHYSICAL INFORMATION

Doctor's Name: _____ Tel.: _____

Hospital Preference: _____ Hospital second choice: _____

Dentist's Name: _____ Tel.: _____

Insurance Company: _____ Policy # _____ Group # _____

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

Does your child have a history of any of the following conditions? If so, please explain the type of medical treatment.

YES	NO	
___	___	ADD/ADHD _____
___	___	Asthma _____
___	___	Diabetes _____
___	___	Food or Drug Allergy _____
___	___	Bee Sting Alergy _____
___	___	Seizure Disorder _____
___	___	Condition limiting Physical Education _____
___	___	Migraine Headaches (need doctor's note) _____
___	___	Other chronic or recurrent conditions _____
___	___	Glasses/contacts (please circle one & indicate when to be worn) _____
___	___	Presently taking medications:

Name of medication: _____ Reason for taking: _____

Name of medication: _____ Reason for taking: _____

Name of medication: _____ Reason for taking: _____

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give permission to the attending physician for any necessary emergency medical treatment.

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Signature	Date
_____	_____	_____
Please print name of Parent/Guardian	Please print name of Parent/Guardian	Date

Please list siblings and grades: _____ Grade_____

_____ Grade_____

_____ Grade_____

_____ Grade_____