

2016-2017
EMERGENCY INFORMATION

STUDENT(S) LAST NAME: _____ // _____
(LAST NAME ONLY...if parent name is different from child's, please use CHILD'S last name,
if siblings have different last names please list both last names)

ADDRESS: _____ TEL:(____) _____

Please check if this address or telephone number has changed within the past year

E-MAIL ADDRESS: _____

CHILD'S NAME _____ DOB _____ HOMEROOM _____

PLACE WHERE THE PARENT OR GUARDIAN CAN BE REACHED DURING THE DAY:

Mother's Name: _____ **Father's Name:** _____

Cell Phone:(____) _____ Cell Phone:(____) _____

Workplace: _____ Workplace: _____

Work Tel:(____) _____ Work Tel: (____) _____

Legal Guardian's Name: _____

Workplace: _____ Tel: (____) _____

TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD WHEN YOU CANNOT BE REACHED:

1.NAME: _____ 2:NAME: _____

ADDRESS: _____ ADDRESS _____

TEL: (____) _____ Cell:(____) _____ TEL: (____) _____ Cell:(____) _____

RELATIONSHIP: _____ RELATIONSHIP: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____ TEL:(____) _____

DENTIST'S NAME: _____

ADDRESS: _____ TEL:(____) _____

EMERGENCY MEDICAL INFORMATION (including any allergies i.e. food or insects):

HEALTH INSURANCE: _____

Permission to Treat & Transport

During the school year, I give the school nurse permission to treat my child. In the case of an accident of serious illness, I request the school contact me. If the school is unable to reach me, immediately, I authorize the school to initiate emergency medical treatment, and to activate the Emergency Medical System to continue emergency care and to transport my child to the nearest hospital. I also authorize contacting and releasing of medical information to my child's (children's) teacher (s), my child (ren's) doctor, dentist, and/or the Emergency Department receiving my child, as necessary.

PARENT'S SIGNATURE: _____ Date _____

PLEASE RETURN THIS ON OR BEFORE THE FIRST DAY OF SCHOOL. THIS INFORMATION IS VERY IMPORTANT TO HAVE BEGINNING THE FIRST DAY!!

OVER

GRANDPARENT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____