

EMERGENCY INFORMATION FORM/CONFIDENTIAL

(Please note: Our school system utilizes a call alert system for notification of upcoming events, cancellations, and information dissemination. Parent/guardian HOME TELEPHONE*, CELL PHONE*, and OTHER PHONE* located beneath the home and mailing address on this form will be used for contact purposes for this system.)

STUDENT'S NAME (First/Middle/Last Name) _____ DATE (dd/mm/yyyy) _____

Date of Birth _____ Grade _____ Homeroom # _____ Bus Route (to school) _____

Bus Route (from school) _____

Home Address _____

Mailing Address (if different) _____

HOME TELEPHONE* _____ CELL PHONE* _____

OTHER PHONE (please specify)* _____ E-Mail Address _____

LEGAL GUARDIAN (please check one):

Parents Mother Only Father Only Other specify _____

Where can parents/guardian be reached if not at home?

Mother's Name (First/Middle/Last Name) _____ Place of Work _____ Work Phone _____

Father's Name (First/Middle/Last Name) _____ Place of Work _____ Work Phone _____

List (2) Adults Who Will Assume Temporary Care of Your Child If You Cannot Be Reached:

1. Name _____ Relationship _____

Address _____ Telephone _____

2. Name _____ Relationship _____

Address _____ Telephone _____

List any adults your child should **NOT** be released to _____

Name of Health Insurance _____

Does your child have any Allergies? Yes No (please specify) _____ Bee Sting Allergy

Medication _____ Food _____ Other _____

Does your child have any health conditions? Yes No

Arthritis Intestinal Irregularities Speech Difficulty Asthma

Seizures Wears Glasses Wears Contacts Blind

Diabetes Heart Wears Hearing Aid Deaf

Kidney/Bladder Prosthesis _____ Physical Handicap (specify) _____

School based services: Speech Physical Therapy Occupational Therapy

Medication at Home: Yes No (specify) _____

Medication at School: Yes No (specify) _____

(requires physician order and parent medication form)

Physician's Name _____ Address _____ Telephone _____

Dentist's Name _____ Address _____ Telephone _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize school authorities to exercise their own judgment in calling the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary (to transport the child to the local emergency department).

Signature of Parent/Legal Guardian: _____ Date: _____

SPECIAL NOTE: Please notify school officials IMMEDIATELY of changes or modifications to any/all information stated.