

EMERGENCY FORM

Student's Name _____ Date of Birth _____ M/F ___ Grade ___ HR _____

Home Address _____ Zip Code _____ Phone _____

Student lives with: _____ Both Parents _____ Mother _____ Father

Other (explain): _____

In Case of Illness or Emergency, please refer to the following:

Mother's/Guardian's Name _____ Cell Ph# _____ Business Ph# _____

Father's/Guardian's Name _____ Cell Ph# _____ Business Ph# _____

Relative or Neighbor _____ Phone _____

Relative or Neighbor _____ Phone _____

e-mail address Mother: _____

Father: _____

In the event of a medical emergency, the school reserves the right to call an ambulance and transport the child by ambulance to the nearest hospital or, if feasible, to the preferred hospital indicated on this Emergency Card. Parents will be contacted as promptly as possible.

In case of emergency, if it is necessary to call a physician or dentist, contact:

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Hospital preferred _____

Health Problems (*allergies, medications, significant medical conditions*)

I give permission for essential medical information to be communicated to appropriate school personnel to ensure my child's health and safety in school.

Parent/Guardian Signature _____ Date _____

If there are any **Custody** issues – Please explain in detail: _____

Please notify the school IMMEDIATELY when changes need to be made in the above information.