

EMERGENCY INFORMATION FORM

School Year: **2008-2009**

FAMILY'S Name _____

Home Address _____

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

Home phone _____ Home phone _____

Cell number _____ Cell number _____

Workplace _____ Workplace _____

Work phone _____ Work phone _____

Emergency Contact – 1st (if parents are not available)

Emergency Contact – 2nd (if parents are not available)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Family Physician _____ Phone _____

Is permission granted to take the child(ren) to the hospital if needed? Yes _____ No _____

Hospital Preference: _____

Student's Name: _____ **Grade:** _____

Medical Conditions, allergies, medications, behavioral concerns, etc. _____

Student's Name: _____ **Grade:** _____

Medical Conditions, allergies, medications, behavioral concerns, etc. _____

Student's Name: _____ **Grade:** _____

Medical Conditions, allergies, medications, behavioral concerns, etc. _____