

# EMERGENCY INFORMATION FORM

School Year: **2010-2011**

**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 – 1<sup>st</sup>** (if parents are not available)

**Emergency Contact – 2<sup>nd</sup>** (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. \_\_\_\_\_