



EMERGENCY FORM

Student: _____ Grade: _____
(Last Name) (First Name) (Middle)

Date of Birth: _____ Home Telephone: _____

Student Home Address: _____
(Street) (Apt. #) City ZIP CODE

Does this student have a medical condition that the school should know about? __Yes __No
(Such as asthma, allergies, diabetes, etc.) Please describe briefly on the reverse side of this paper.

Emergency Contact Information

	Mother/Parent/Guardian	Father/Parent/Guardian
Name:		
Relationship to Student:		
Address:		
Home Phone:		
Work Phone:		
Cell Phone:		

<i>If school cannot get in touch with either of the above, name a friend or relative to be called:</i>	NAME OF DOCTOR:
Name:	Name:
Relationship to Student:	Address:
Home Phone:	Office Phone:
Work/Cell Phone:	Emergency Phone:

If none of the persons listed above can be reached by phone, what do you wish the school to do in case the child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent, as indicated above, will be respected as far as possible. I will notify the Director in writing if the above information changes during the school year.

Parent Signature: _____ Date _____