Emergency Information Form

Please sign as indicated.

Current School:	Grade:	Homeroom:
Student Name:	D.O.B:	Sex:
Contact Address:	Mailing Address	
Parent/Guardian Name:	Court Orders/Legal Restrictions:	

Please include company name for Work numbers, so that if your company changes phone numbers we will still be able to locate you. Emergency numbers will only be used in the event that we cannot reach you at the other numbers listed. The Primary or Home Number will also be used for attendance auto-dailer.

Contact Type	Contact Name/Relation	Contact Number	E-Mail
Home Telephone			

Health Information:

Medical alerts/allergies

Receives daily medication during school hours (Y/N): N

Wears glass and/or contact lenes (Y/N): N

This student's health information may be shared with pertinent school staff if necessary to maintain well being and safety.

Parent/Guardian will call the school if student will be absent or late.

Signature **Date**

Health care provider information (for emergency treatment when we are unable to contact you):

Contact Type	Contact Name	Contact Number
Hospital		
Doctor		
Dentist		

Please sign here to indicate that we have your permission to call the physicians listed or to have your child taken to the hospital when you are not available or in an emergency.

Signature **Date**

For School Use Only:

Student ID:

Date filed:

Date Updated in Database: Initials: