

Student Emergency Form- 2020/2021

Child Name: _____ Grade: _____ Birth date: _____

Mom/Dad Name: _____ Email: _____

Phone Number (mom): _____ Phone Number (dad): _____

If divorced, who is custodial parent? _____

If custodial parent can't be reached can we contact NON-CUSTODIAL parent? _____ (yes or no)

Address: _____

Parent Place of Employment: _____ Parent Place of Employment: _____

Phone number: _____ Phone number: _____

Child Allergies: _____ Reaction: _____

Medication prescribed for allergies: _____ Dosage: _____

Please list any medications your child takes at home or at school:

Child Medication (physician prescribed): _____ Dosage: _____

Child Medication (over the counter): _____ Dosage: _____

Child Health Conditions: _____

Physician Name: _____ Physician Phone Number: _____

Emergency Contact #1 _____ Phone Number: _____ Relationship _____

Emergency Contact #2 _____ Phone Number: _____ Relationship _____

Emergency Contact #3 _____ Phone Number: _____ Relationship _____

If parent can't be reached in an emergency and, if in the judgement of the school authorities immediate medical and/or hospital attention is needed, do you authorize the responsible authorities to send your child (accompanied) to the nearest hospital? _____ (yes or no)

When photographs are taken for publicity purposes, may we photograph your child? _____ (yes or no)

Additional Notes: