

EMERGENCY FORM

FAMILY NAME _____

**IN CASE OF AN EMERGENCY, THE SCHOOL STAFF WILL CONTACT 911.
EVERY ATTEMPT WILL BE MADE TO CONTACT A PARENT OR A
DESIGNATED EMERGENCY CONTACT.**

1. STUDENT NAME _____ BIRTHDATE _____
ALLERGIES/MEDICAL CONDITIONS _____
2. STUDENT NAME _____ BIRTHDATE _____
ALLERGIES/MEDICAL CONDITIONS _____
3. STUDENT NAME _____ BIRTHDATE _____
ALLERGIES/MEDICAL CONDITIONS _____
4. STUDENT NAME _____ BIRTHDATE _____
ALLERGIES/MEDICAL CONDITIONS _____

PARENT INFORMATION

FATHER'S NAME _____ MOTHER'S NAME _____

HOME ADDRESS _____

HOME PHONE _____

FATHER'S CELL PHONE _____ MOTHER'S CELL PHONE _____

**PLEASE LIST TWO PEOPLE WE MAY CALL IF THE PARENT(S) CANNOT BE
REACHED IN THE EVENT OF AN EMERGENCY.**

1. NAME _____ RELATIONSHIP _____
HOME PHONE _____ CELL PHONE _____
2. NAME _____ RELATIONSHIP _____
HOME PHONE _____ CELL PHONE _____

FAMILY DOCTOR TO CONTACT IN AN EMERGENCY:

NAME _____ PHONE _____

ADDRESS _____

**I AUTHORIZE THE SCHOOL PERSONNEL TO SEEK MEDICAL/EMERGENCY
TREATMENT IF NECESSARY.**

PARENT SIGNATURE

DATE