

Emergency Information
2018-2019

Child's Last Name: _____ **First Name:** _____ **MI:** _____

Birthdate _____ **Grade** (Sept. 1, 2018) _____
(Month/Day/Year)

WHO IS LEGALLY RESPONSIBLE FOR THIS CHILD?

Parent/Guardian 1: _____

Telephone Numbers: _____
(Home) (Cell) (Work)

Parent/Guardian 2: _____

Telephone Numbers: _____
(Home) (Cell) (Work)

In case your child becomes ill or hurt and neither parent can be contacted, please provide the school with the name/names of who should be contacted and their relationship to you.

Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: _____

Telephone Numbers: _____
(Home) (Cell) (Work)

Relationship to the student: _____

Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: _____

Telephone Numbers: _____
(Home) (Cell) (Work)

Relationship to the student: _____

Does your child have any known life threatening conditions? **Yes** **No**

If yes, please explain: _____

Physician's and/or Clinic's name: _____

Address: _____ Phone #: _____

Please indicate the hospital in which you would like your child to be taken to in case of an emergency.

If I cannot be reached during a medical emergency I hereby authorize the school to obtain emergency medical treatment for my child.

Parent or Guardian's Signature

Date