Emergency Information/Authorization Record

Last Name: First Name: Grade:		mation/Authorization Record				
Home Address:	Last Name:	First Name:				
Cell phone:	Home Address:	:: Grade:				
Cell phone:	City/State/Zip	Home Phone				
Student's Date of Birth Student's SS# Preference on which parent to call first: Mother Father Mother's Name: Father's Name: Employer: Employer: Work Phone: Work Phone: Siblings: 1) Grade 2) Grade 3) Grade 4) Grade In case of illness and parent cannot pick up student from school, parents must give telephone permission for person(s) listed below to pick up child: 1 (Name)	l Cell phone:	Pager #:				
Preference on which parent to call first: Mother Father Mother's Name: Father's Name: Employer: Employer: Work Phone: Grade 2) Grade 3) Grade 4) Grade In case of illness and parent cannot pick up student from school, parents must give telephone permission for person(s) listed below to pick up child: 1	Student's Date of	BirthStudent's SS#				
Employer:	Preference on which parent to call first: MotherFather					
Employer:	Mother's Name:	Father's Name:				
Siblings: 1) Grade 2) Grade 3) Grade 4) Grade In case of illness and parent cannot pick up student from school, parents must give telephone permission for person(s) listed below to pick up child: 1 (Name) (relationship) (phone number) 2	Employer:	Employer:				
Siblings: 1) Grade 2) Grade 3) Grade 4) Grade In case of illness and parent cannot pick up student from school, parents must give telephone permission for person(s) listed below to pick up child: 1 (Name) (relationship) (phone number) 2	Work Phone:	Work Phone:				
2) Grade 3) Grade 4) Grade In case of illness and parent cannot pick up student from school, parents must give telephone permission for person(s) listed below to pick up child: 1 (Name) (relationship) (phone number) 2	Siblings: 1)	Grade				
4) Grade In case of illness and parent cannot pick up student from school, parents must give telephone permission for person(s) listed below to pick up child: 1 (Name) (relationship) (phone number) 2	2) _	2) Grade				
In case of illness and parent cannot pick up student from school, parents must give telephone permission for person(s) listed below to pick up child: 1	3) _	Grade				
1(Name) (relationship) (phone number)	4).	Grade				
1(Name) (relationship) (phone number)	In case of illness and parent cannot pick up student from school, parents must give telephone					
2	permission for person(s) listed below to pick up child:					
2						
2	1					
(Name) (relationship) (phone number)	(Name)	(relationship) (phone number)				
(Name) (relationship) (phone number)	2.					
	(Name)	(relationship) (phone number)				
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In case of emergency and parents are not available, contact:					
(Name)	(relationship)	(phone number)			
(Name)	(relationship)				
Physician's Name:		Number:			
Dentist's Name:		Number:			
Hospital preference:			10		
Allergies Asthma Diabetes Seizures					
Heart Problems Taking Medications Recurring Illness Other:					
Explain:					
	A CONTRACTOR OF THE CONTRACTOR	_			
In case of accident or serious illness, and we and the people I designated are unable to be reached, I hereby authorize the school to call the physician listed and to follow his instructions. If this physician is unable to be contacted, the school may make whatever arrangements are deemed necessary.					
			*		
(parent/guardian signature)	(print na	ame)	(date)		

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