

Emergency Information/Authorization Record

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Last Name: _____ First Name: _____

Home Address: _____ Grade: _____

City/State/Zip _____ Home Phone _____

Cell phone: _____ Pager #: _____

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) (relationship) (phone number)

2. _____
 (Name) (relationship) (phone number)

(front)

In case of emergency and parents are not available, contact:

1. _____
(Name) (relationship) (phone number)

2. _____
(Name) (relationship) (phone number)

Physician's Name: _____ Number: _____

Dentist's Name: _____ Number: _____

Hospital preference: _____

Medical Conditions of Student:

___ Allergies ___ Asthma ___ Diabetes ___ Seizures

___ Heart Problems ___ Taking Medications ___ Recurring Illness ___ Other:

Explain:

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 name)

(date)

(back)