

EMERGENCY INFORMATION RECORD

	LAST NAME	FIRST NAME	
	PARENT/GUARDIAN NAME	HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS	CITY	STATE	ZIP CODE

ALTERNATE HOME ADDRESS _____ PHONE _____

MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE/EMAIL	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE/EMAIL
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IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

STUDENT'S PHYSICIAN - NAME AND ADDRESS _____ PHONE _____

STUDENT'S DENTIST - NAME AND ADDRESS _____ PHONE _____

HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE _____

ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)

ALLERGIES ASTHMA DIABETES OTHER
 EPILEPSY HEART PROBLEMS RECURRING ILLNESS

PARENT: _____

USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.

Parent Signature: _____ Date: _____