

Student Emergency Information (Please print clearly)

Student Name _____ Gender M F Grade _____
(Last) (First)

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Mother's Name _____ Work Phone _____
Cell Phone _____

Father's Name _____ Work Phone _____
Cell Phone _____

If unable to reach the parent in the event of illness and/or accident, the school is authorized to release the student to the following adult(s):

1. Name _____ Relationship _____ Phone Number _____
Cell Phone _____

2. Name _____ Relationship _____ Phone Number _____
Cell Phone _____

Does your child have any health needs or problems the school should know? Yes No

If YES, please list _____

Does your child take any medication? Yes No

If YES, please list _____

Does your child need to take medication *at school*? Yes No

If YES, please list _____

Does your child have medical insurance at this time? Yes No

If YES, what is the name of the insurance? _____

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Parent's Signature **X** _____ Date _____