STUDENT EMERGENCY INFORMATION

CITY:_____ SCHOOL:_____ FAMILY NAME_____

On occasion we have found it difficult to contact parents or guardians in cases of emergency. Will you please help us by completing the information below?

Only ONE EMERGENCY FORM per family unit is necessary.

FULL NAME OF CHILD	SEX	BIRTH DATE	SPECIAL HEALTH CONDITION (describe condition/ Any medication prescribed)

HOME ADDRESS: PHONE:

NAME OF FEMALE PARENT/GUARDIAN	PLACE OF EMPLOYMENT	PHONE

NAME OF MALE PARENT/GUARDIAN	PLACE OF EMPLOYMENT	PHONE

If divorced, name of legal custodial parent:

Do you have joint custody? (Y/N) Name:

If custodial parent cannot be reached, may school contact non-custodial parent? (Y/N) _____

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

NAME	ADDRESS	PHONE

RELATIONSHIP:

PHYSICIAN OF CHOICE	ADDRESS	PHONE

HOSPITAL OF CHOICE	ADDRESS	PHONE

If you, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, do you AUTHORIZE responsible school authorities to send your child (properly accompanied) to an available hospital or physician? Yes_____ No_____

DATE: _____

SIGNATURE: _____