

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 OR PAGER	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE OR PAGER
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:			
Name: _____		Relation: _____ Phone: _____	
Name: _____		Relation: _____ Phone: _____	
STUDENT'S PHYSICIAN			PHONE
STUDENT'S DENTIST			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)			
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> 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: _____	