

EMERGENCY INFORMATION RECORD	LAST NAME		FIRST NAME	
	PARENT/GUARDIAN NAME			
DATE OF BIRTH	HOME PHONE		GENDER: PLEASE CIRCLE MALE FEMALE TRANS	
HOME ADDRESS			STATE	ZIP CODE
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE	
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE CONTACT				
NAME _____		PHONE _____		
ADDRESS _____				
NAME _____		PHONE _____		
ADDRESS _____				
STUDENT'S PHYSICIAN-NAME			PHONE	
STUDENT'S DENTIST-NAME			PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE				
ALLERGIES AND OR MEDICAL CONDITIONS: PLEASE CIRCLE				
ALLERGIES (BE SPECIFIC)	ASTHMA	DIABETES	EPILEPSY	HEART DISEASE. OHTER

STUDENT CURRENT MEDICATIONS:

MEDICATION

DOSE

TIME GIVEN

MY CHILD HAS AN EPI PEN FOR USE IN SCHOOL

YES

NO

MY CHILD WEARS GLASSES

YES

NO

MY CHILD HAS CONTACT LENSES

YES

NO

MY CHILD HAS A HEARING AID

YES

NO

RIGHT

LEFT

PARENTS' EMAIL ADDRESS**ADDITIONAL MEDICAL INFORMATION:**

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 the physician, the school may take whatever arrangements seem necessary.

PARENT SIGNATURE _____ DATE _____