

## EMERGENCY INFORMATION

STUDENT NAME (please print): \_\_\_\_\_

Grade: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

If you are normally at another number during PSR (6:30-8:00pm), please include:

Health information which PSR should know about student, including any medication information, and wishes for handling any physical/medical emergency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special medication: \_\_\_\_\_

Physical disability: \_\_\_\_\_

Allergies: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ Exchange/Home: (\_\_\_\_\_) \_\_\_\_\_

Emergency Center/Hospital: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Center/Hospital Address: \_\_\_\_\_

Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

1) Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_