

EMERGENCY INFORMATION SHEET

FAMILY LAST NAME: _____

<u>STUDENTS' NAMES:</u>	<u>GRADE:</u>	<u>PRECAUTIONS/ALLERGIES/MEDS:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

MOTHER/GUARDIAN: _____ HOME PHONE # _____

BUSINESS NAME: _____ WORK PHONE # _____

CELL PHONE #: _____ PAGER # _____

FATHER/GUARDIAN: _____ HOME PHONE # _____

BUSINESS NAME: _____ WORK PHONE # _____

CELL PHONE #: _____ PAGER # _____

HOME ADDRESS: _____
Street

City State Zip

Special Notes: _____

Emergency Care Information: In the event we cannot be reached, we wish one of the following to be notified. They are authorized to act in our absence, and will be informed that their names have been used on this sheet.

<u>NAME:</u>	<u>RELATIONSHIP TO CHILD:</u>	<u>TELEPHONE #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Family Physician: _____ Telephone #: _____

Insurance: _____ Group No.: _____

Hospital of Choice: _____ Telephone #: _____

Signature of Parent/Guardian

Date