



Emergency Information Form 10/11

Date: _____

Blood Type (If Known): _____

Student Name _____

Birthdate: _____

Allergies / Major Health Conditions / Current Medication: *required*; do not leave blank - write none if not applicable.*

Please Note: If your child requires medication (including over-the-counter) at school, your doctor must complete an administration of medication form which is available from the office or can be downloaded from our website.

Emergency Contacts:

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Home Phone _____

Home Phone _____

Work _____

Work _____

Cell _____

Cell _____

If Neither Parent/Guardian Can Be Reached, List Two Other Contacts Who Are Authorized To Act On Your Behalf.

Contact #1 _____

Contact #2 _____

Relationship _____

Relationship _____

Home Phone _____

Home Phone _____

Work _____

Work _____

Cell _____

Cell _____

Family Physician/Pediatrician _____ Phone _____

Address _____

Dentist _____ Phone _____

Insurance Provider _____

Member or Group # _____ Phone _____

Signature _____
(Parent Or Guardian)

Date _____

Name (printed) _____

**Please note that Protected Health Information may be disclosed to faculty or staff if such information about allergies or other significant medical conditions is required in order to promote students' health and safety.*