EMERGENCY INFORMATION School _____ Grade_____

STUDENT _____ Birthdate _____

Mailing Address _____

Residence Address _____

Directions to Residence _____

Father's Name _____ **Mother's Name** _____

Home Phone _____ **Home Phone** _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Message Phone_____ Message Phone _____

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

Name _____ Telephone _____

Name _____ Telephone _____

Health Information:

Medication taken by child at home. *(Written authorization from doctor is required for school to administer.)*

_____

Please check any of the following that might apply to your child:

Vision: Known eye condition/defect in vision _____ Wears Glasses _____ Wears contact lenses _____

Glasses to be worn at all times _____ Under the care of: _____

Hearing: Known hearing problem _____ Wears hearing aid _____ Preferential Seating _____

Under the care of: _____

Has a condition which may result in classroom emergency, such as:

Asthma _____ Bee Sting Allergy _____ Epilepsy _____ Diabetes _____ Heart Condition _____

Other known or suspected allergies: _____

What action is to be taken if your child has a complication due to his/her allergic condition or health condition? *(Be specific)*

_____

Has no known health problem: _____

In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such are and treatment of my child as he considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

_____

Physician Address Phone

Insurance ID Number _____ The undersigned hereby agree to bear all costs incurred as a result of the forgoing. This authorization will remain in effect until revoked by the undersigned:

Date: _____ Signature: _____

(Parent or Guardian)

Please contact the school immediately when there is any change in your child's health status.