

EMERGENCY INFORMATION RECORD

2006 - 2007

Homeroom:	Student Name:	Address:	Birth date:
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PARENTAL CONTACT INFORMATION:

Name:		Name:	
Home Phone:		Home Phone:	
Address:		Address:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
E-mail Address:		E-mail Address:	

ALTERNATE CONTACTS (List individuals to call if the primary contacts are unavailable):

NAME: _____	RELATIONSHIP TO CHILD: _____	1 st PHONE: _____
		2 nd PHONE: _____
NAME: _____	RELATIONSHIP TO CHILD: _____	1 st PHONE: _____
		2 nd PHONE: _____

PRIMARY PHYSICIAN/PEDIATRICIAN _____	PHONE _____
DENTIST _____	PHONE _____
HOSPITAL _____	PHONE _____

FORM CONTINUED ON THE REVERSE SIDE

LEARNING AND MEDICAL NEEDS—Please check all that apply and provide explanation:

<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> Takes Medication
<input type="checkbox"/> Allergies	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Special Needs	<input type="checkbox"/> Other: (please name)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Recurring Illness	<input type="checkbox"/> Vision Impaired	_____

If your child has allergies, please identify the allergens: _____
 Allergies are life threatening: _____ YES _____ NO

If your child takes medication, please identify the medication, dosage, and time/frequency with which it is administered: _____

If your child has a learning disability or other special learning need, please identify the person or agency who provides your child with academic support and/or services: _____

Please explain all other items checked above: _____

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, and we and the people I designated are unable to be reached, I hereby authorize the school to call the physician listed and to follow his instructions. If this physician is unable to be contacted, the school may make whatever arrangements are deemed necessary.

Parent/Guardian Signature: _____ *Parent/Guardian Signature:* _____

Print Parent/Guardian Name: _____ *Print Parent/Guardian Name:* _____

Date: _____ *Date:* _____

{Only one parent/guardian signature is required, however, both are preferred.}