

# STUDENT EMERGENCY INFORMATION - 2008/09

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Legal Guardians:**

Father: \_\_\_\_\_  
Name Address Phone

Mother: \_\_\_\_\_  
Name Address Phone

**In case of an emergency or illness, where can you be reached during the day?**

Father: \_\_\_\_\_  
Name Phone Cell Phone

Mother: \_\_\_\_\_  
Name Phone Cell Phone

**The following are home during the day and will assume care of my child if I cannot be reached:**

\_\_\_\_\_  
Name Address Phone Relationship

\_\_\_\_\_  
Name Address Phone Relationship

\_\_\_\_\_  
Name Address Phone Relationship

**In case of early dismissal due to an emergency shut down of the school, where should your child go?**

\_\_\_\_\_  
Name Address Phone Relationship

**LIST ANY ILLNESS OR ALLERGY PROBLEM:** \_\_\_\_\_

[ ] Yes, I give permission for my child to be given Tylenol for normal headache pain.

In case of accident or serious illness, I request the school to contact me. If the school cannot reach me, I hereby authorize the school to contact the physician indicated below. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

\_\_\_\_\_  
Physician's Name Address Phone

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_