EMERGENCY INFORMATION/PROCEDURE FORM

Student Name _____
LAST FIRST MIDDLE

Date of Birth _____ **Grade** _____ **Sex M or F**

Home Address _____

Land Phone _____ **Cell Phone**_____ **Cell Phone** _____

LOCATIONS PARENTS CAN BE REACHED IF NOT AT HOME:

Father's Name _____ **Phone** _____

LOCATION/ADDRESS **HOURS**

Mother's Name _____ **Phone** _____

LOCATION/ADDRESS **HOURS**

NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED:

Name _____

Address _____ **Phone** _____

RELEASE

In case of emergency, accident, or serious illness to the student named on this card in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, the school may make whatever arrangements are necessary or transport the student to a hospital emergency room.

Parent/Guardian Signature _____ _____
DATE SIGNED

Remarks _____

Does this student have any major or unusual health conditions? Yes____ No____

If yes, please specify _____

Allergies_____

Other Conditions _____

Local Physician's Name _____

Address _____

Office Phone _____ **Other Phone** _____