

Student Emergency Form
School Year 2008-2009

Student's Name _____

Home Address _____ City _____ Zip _____ Phone _____

Bus Student (Yes or No) _____ Gender _____ Date of Birth _____ Grade, Fall '08 _____

Name of Father _____ Place of Work _____

Cell Phone _____ Daytime Phone Number _____

Name of Mother _____ Place of Work _____

Cell Phone _____ Daytime Phone Number _____

Name of adult who will assume responsibility for the child if parent/legal guardian cannot be reached.

(Please choose someone close to the school or bus stop):

1. _____ Relationship _____ Phone Number _____

2. _____ Relationship _____ Phone Number _____

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

If you cannot be reached in an emergency, and if, in the judgment of school authorities your child requires immediate hospital attention, do you authorize school authorities to send your child (properly accompanied) to an available hospital?

Yes _____ No _____

Insurance Provider _____ Policy # _____

Name of Insured _____

Known Health Problems (please list): _____

Previous Surgery/ies: _____

Medications/Dosage: _____ Taken for: _____

My Child Wears: Glasses _____ Contacts _____ Braces _____ Other _____

Allergies: Foods _____ Type of Reaction: Mild _____ Moderate _____ Severe _____

Environmental _____ Mild _____ Moderate _____ Severe _____

Bee Stings, Insects _____ Mild _____ Moderate _____ Severe _____

Other _____ Mild _____ Moderate _____ Severe _____

In the past year my child has developed:

Asthma No _____ Yes _____ Heart Disease No _____ Yes _____ Diabetes No _____ Yes _____

Uses Inhaler No _____ Yes _____ Nosebleeds No _____ Yes _____ Fainting No _____ Yes _____

Other _____ No _____ Yes _____

Mother's/Legal Guardian Signature

Father's/Legal Guardian Signature