

EMERGENCY FORM

Homeroom/Advisory \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

last first m.i.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street or Subdivision \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Problems (allergies, chronic illness, handicaps, etc.) \_\_\_\_\_

Sisters or 1. Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Brothers in 2. Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

School 3. Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

I consent to school officials authorizing emergency medical treatments if parents/guardians cannot be contacted.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_