Student's Name ________________________________ Grade _________ Homeroom ________
last first

Address ____

PUPIL ACCIDENT EMERGENCY INFORMATION
(To Be Filled Out By Parent and Filed in Health Room)

Mother's Name ____________________ Home Phone ____________________ Cell Phone ______________

Employer ________________________________ Work Phone ________________________________

Check One: ___Biological ____Step ____Foster

Father's Name ____________________ Home Phone ____________________ Cell Phone ______________

Employer ________________________________ Work Phone ________________________________

Check One: ____Biological ____Step ____Foster

Names of persons to be contacted if parents are unavailable .The people listed below will be contacted in the order in which they are listed.

1.Name ____ Phone ___________________________

2.Name ____ Phone ___________________________

3.Name ____ Phone ___________________________

CONTINUED... (OVER)

ALLERGIES ____

(for example: medication ,food, insect stings etc.)

SPECIAL CONDITIONS ____

(Asthma, seizures, heart condition, serious illness , hearing/vision/speech problem etc.)

PLEASE CHECK IF ANY OF THE FOLLOWING PERTAIN TO YOUR CHILD:

Medications:

_____At home Name of Med ____

_____At School Name of Med ____

_____Contact Lenses _____Glasses _____ Dental Appliance _____Other ____________________

IF PARENT/GUARDIAN CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, I GIVE MY PERMISSION TO HAVE MY CHILD TRANSPORTED AND TREATED AT A MEDICAL FACILITY.

AMBULANCE PREFERRED IF NECESSARY ____

NAME OF HOSPITAL ____

PHYSICIAN'S NAME ______________________________ Phone ____________________

Signature of Parent or Guardian

____