

EMERGENCY INFORMATION RECORD	LAST NAME		FIRST NAME	
	PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS		CITY	STATE	ZIP CODE
ALTERNATE HOME ADDRESS			PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE	
MOTHER'S EMAIL		FATHER'S EMAIL		
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:				
Name: _____		Address: _____		Phone: _____
Name: _____		Address: _____		Phone: _____
STUDENT'S PHYSICIAN - NAME AND ADDRESS			PHONE	
STUDENT'S DENTIST - NAME AND ADDRESS			PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE				
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)				
<input type="checkbox"/> ALLERGIES <input type="checkbox"/> ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> EPILEPSY <input type="checkbox"/> HEART PROBLEMS <input type="checkbox"/> RECURRING ILLNESS <input type="checkbox"/> OTHER _____				
PARENT: USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.	In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.			
Parent Signature: _____			Date: _____	