



EMERGENCY INFORMATION - FIRST AID FORM

To be completed by parent or guardian for SCHOOL YEAR

Student Grade Phone: ■

Address City State Zip ■

DOB City/State of Birth

MM/DD/YY Student Lives with ■

Dismissal Restrictions or Custody Orders - please submit legal note to office PHYSICIANS NAME

PHONE NAME MEDICAL CONDITION WE SHOULD BE
 AWARE OF (allergy, medication, etc.)

(NOTE This question must be answered. If none, write "NONE")

INSURANCE CARRIER ■

EMPLOYER PHONE:

POLICY # EMPLOYER ■

PHONE: IN EMERGENCIES CALL PRIMARY CARE

ALTERNATE CONTACT (FATHER AT WORK, PARENT OR GUARDIAN NEIGHBOR, RELATIVE) LISTED HERE:

NAME NAME ■

RELATIONSHIP RELATIONSHIP ■

Home Phone # Home Phone # ■

CELL PH: CELL PH: ■

PAGER: PAGER: ■

Work Phone Work Phone

ANOTHER 2 CONTACTS ARE NEEDED IN THE EVENT THE ABOVE NAMED PEOPLE CANNOT BE REACHED. LIST SOMEONE LOCAL WHO COULD RESPOND IN AN EMERGENCY (ADULT RELATIVE, FRIEND, NEIGHBOR).

NAME PHONE: ■

CELL PH: Work # ■

RELATIONSHIP ADDRESS

NAME PHONE: ■

CELL PH: Work # ■

RELATIONSHIP ADDRESS

I hereby grant permission to school authorities to administer first aid, secure proper treatment and/or hospitalize my child in the event of emergency, provided they are unable to communicate with me, and according to their best judgement, further delay might jeopardize the life of my child.

Primary Care Person's Signature DATE