

PUPIL EMERGENCY FORM

On several occasions, we have found it difficult to contact parents or guardians in cases of emergency. Please help us by completing the information below. When both parents are working, it is especially important to have this information.

FAMILY NAME _____

NAME OF STUDENT(S) _____

HOME ADDRESS _____ PHONE _____

NAME OF FATHER _____

PLACE OF BUSINESS _____ PHONE _____

NAME OF MOTHER _____

PLACE OF BUSINESS _____ PHONE _____

Name of responsible adult who will assume responsibility for the child if parents cannot be contacted:

NAME _____ RELATIONSHIP _____

PHONE _____

PHYSICIAN OF CHOICE _____

HOSPITAL OF CHOICE _____

SPECIAL HEALTH CONDITIONS, ALLERGIES, ETC. OF CHILD, IF ANY:

MAY WE GIVE YOUR CHILD TYLENOL IF NEEDED? _____ YES _____ NO

If you and the physician of choice, as indicated above, cannot be reached in an emergency and, if in the judgement of the school authorities immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child via emergency vehicle to an available hospital or physician?

YES _____ NO _____

SIGNATURE OF PARENT/GUARDIAN & DATE _____