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# STUDENT EMERGENCY INFORMATION

| CHILD'S NAME | DATE OF BIRTH | GRADE / GROUP / ROOM | TEACHER / LEADER | SCHOOL YEAR |
|---|---|---|---|---|
| | | | | |

## PARENT / GUARDIAN 1

Name

Relationship

Mobile

Work phone

Email

Home address

## PARENT / GUARDIAN 2

Name

Relationship

Mobile

Work phone

Email

Home address (if different)

## Other people authorized to pick up or to be called if parents cannot be reached

| Name | Relationship | Phone | May pick up | Call in emergency |
|---|---|---|---|---|
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |

NOT permitted to pick up (name, and attach court order if any)

## MEDICAL

Physician / clinic

Physician phone

Dentist

Preferred hospital

## INSURANCE

Health insurer

Policy / member no.

Policy holder

Insurer phone

Allergies (food, medication, insect, other)

Medical conditions

Medications and when taken

Consent: In an emergency, if I cannot be reached, I authorize the staff to obtain emergency medical treatment for my child, including transport to hospital, and I accept responsibility for the cost. I will update this form if any information changes.

Parent / guardian signature / date

Second parent / guardian signature / date