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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