



Emergency Contact Form

Child's Name: _____

Mother's name: _____

Father's name: _____

Address : _____

Address : _____

Home phone: _____

Home Phone : _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Name(s) of Authorized Adult(s) picking up the student:

In an emergency contact:

Name: _____

Name: _____

Relation to Student: _____

Relation to Student: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Health Insurance Company: _____

Policy#: _____ Insured's Name: _____

Physician's Name: _____ Phone Number: _____

Please tell us about any allergies; mark all that apply:

Bee sting Peanuts/other nuts Other: _____

Please tell us about any other medical, behavioral or emotional conditions; mark all that apply.

Asthma ADD Diabetes
 Emotional issues Epilepsy/seizure Hearing impairment
 Other (please explain)

Please provide any additional information that would be useful for us to know.

Please tell us what medications your child is currently taking. (if needed by medical personnel)

I certify the above information to be true and correct to the best of my knowledge and I take responsibility for my child's compliance with the appropriate student behavior. I understand that disruptive and inappropriate behavior may result in dismissal.

Parent/Guardian Signature _____ ***Date*** _____

Parent/Guardian Signature _____ ***Date*** _____