



Student Emergency Information Form
2019-2020

Student Name: First Middle Last

Date of birth: Social Security Number:

Phone: Email:

Address: Street City/State Zip Code

Parent/Guardian Name: Number:
Employer: Number:

Parent/Guardian Name: Number:
Employer: Number:

List of persons to contact in case of an emergency when parent/guardian cannot be reached

Table with 3 columns: Contact's Name, Phone Number, Relationship. Includes three rows of blank lines for entry.

Medical Information

Doctor: Phone:

Doctor: Phone:

Insurance Carrier: Policy #:

Allergies:

Medications:

I, \_\_\_\_\_, do hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

Signature of Parent/Guardian Date