

*****FAMILY EMERGENCY INFORMATION FORM*****

CHILD #1: _____ GRADE: _____ CHILD #2 _____ GRADE: _____

CHILD #3 _____ GRADE: _____ CHILD #4 _____ GRADE: _____

HOME ADDRESS: _____

HOME PHONE #: _____

In case of illness or injury, please list the name and phone number of the person to be contacted FIRST: If this adult cannot be contacted, we will continue down the list in order.

NAME: _____ : Cell Phone #: _____

Work Phone#: _____ Home Phone #: _____

List any/all adults who are authorized to pick up this child from School, After Care or Sports. If an adult does not appear on this list, school personnel cannot release the student to them. If the mother or father are NOT allowed access to the child, a copy of the court order must be attached.

Mother's Name: _____ Cell Phone #: _____

Work Phone#: _____ Home Phone #: _____ **MOTHER IS NOT PERMITTED TO PICK UP CHILD**

Father's Name: _____ Cell Phone #: _____

Work Phone#: _____ Home Phone #: _____ **FATHER IS NOT PERMITTED TO PICK UP CHILD**

NAME: _____ Contact #: _____

NAME: _____ Contact #: _____

NAME: _____ Contact #: _____

NAME: _____ Contact #: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event my child becomes seriously ill or is injured during school hours and all reasonable attempts to contact parent/guardians fail, I give my consent for the administration of any treatment deemed necessary by my child's doctor:

Doctor: _____ **Phone #** _____

or in the event that my preferred doctor cannot be reached, any other licensed physician available in an emergency. I also authorize the transfer of my child to _____ Hospital, (or closest hospital if no preference indicated) in case of emergency. This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians concur on the necessity for such surgery (prior to performing the surgery). 911 Emergency Services will be called should the child seem in need of immediate treatment.

For (Student #1):

My child's dentist is: _____ at phone # _____

My child has the following medical condition: _____ &/or requires daily medication: _____

My child has asthma _____ Does he/she require an inhaler or nebulizer to be kept at school _____

My child is allergic to: _____

Please request a medical authorization form if your child requires any form of medication during school hours.

PARENT SIGNATURE: _____ **DATE:** _____

Use next page to list information for a 2nd, 3rd or 4th child.

EMERGENCY MEDICAL AUTHORIZATION

For (Student Name): _____

My child's dentist is: _____ at phone # _____

My child has the following medical condition: _____ &/or requires daily medication: _____

My child has asthma _____ Does he/she require an inhaler or nebulizer to be kept at school _____

My child is allergic to: _____

Please request a medical authorization form if your child requires any form of medication during school hours.

EMERGENCY MEDICAL AUTHORIZATION

For (Student Name): _____

My child's dentist is: _____ at phone # _____

My child has the following medical condition: _____ &/or requires daily medication: _____

My child has asthma _____ Does he/she require an inhaler or nebulizer to be kept at school _____

My child is allergic to: _____

Please request a medical authorization form if your child requires any form of medication during school hours.

EMERGENCY MEDICAL AUTHORIZATION

For (Student Name): _____

My child's dentist is: _____ at phone # _____

My child has the following medical condition: _____ &/or requires daily medication: _____

My child has asthma _____ Does he/she require an inhaler or nebulizer to be kept at school _____

My child is allergic to: _____

Please request a medical authorization form if your child requires any form of medication during school hours.