

## EMERGENCY AND MEDICAL INFORMATION

Date\_\_\_\_\_

Dear Parent/Guardian:

We feel it is important to keep your child's health record up to date. This is especially important in the case of an emergency. Could you take some time to help us? Please fill out the following form and return it to the school office.

Name of Student\_\_\_\_\_Grade\_\_\_\_\_

Parent(s) E-mail address\_\_\_\_\_

Father's Name\_\_\_\_\_Home #\_\_\_\_\_

Father's Work #\_\_\_\_\_Cell #\_\_\_\_\_

Mother's Name\_\_\_\_\_Home#\_\_\_\_\_

Mother's Work #\_\_\_\_\_Cell #\_\_\_\_\_

If unable to reach parents, call \_\_\_\_\_

Relation to child\_\_\_\_\_Phone #\_\_\_\_\_

Family Physician\_\_\_\_\_Phone #\_\_\_\_\_

List name and phone numbers of persons authorized to pick up your child from school:

Any serious medical problem which may need special attention? (example – asthma, seizure disorder, etc.)

Allergies?\_\_\_\_\_

Treatment (if any) \_\_\_\_\_

In the event of an emergency, what hospital do you prefer?\_\_\_\_\_

Medical Insurance Co.\_\_\_\_\_Policy #\_\_\_\_\_

*If the above information changes during the school year, please notify the school office.*