

STUDENT EMERGENCY INFORMATION

church

CITY: _____ SCHOOL: _____ FAMILY NAME: _____

On occasion we have found it difficult to contact parents or guardians in cases of emergency. Will you please help us by completing the information below?

Only ONE EMERGENCY FORM per family unit is necessary.

<u>FULL NAME OF CHILD</u>	<u>SEX</u>	<u>BIRTHDATE</u>	<u>SPECIAL HEALTH CONDITION (Describe condition/any medication prescribed)</u>

HOME ADDRESS: _____ PHONE: _____

<u>NAME OF FEMALE PARENT/GUARDIAN</u>	<u>PLACE OF EMPLOYMENT</u>	<u>PHONE</u>

<u>NAME OF MALE PARENT/GUARDIAN</u>	<u>PLACE OF EMPLOYMENT</u>	<u>PHONE</u>

If divorced, name of legal custodial parent: _____

Do you have joint custody? (Y/N) _____ Name: _____

If custodial parent cannot be reached, may school contact non-custodial parent? (Y/N) _____

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>

RELATIONSHIP: _____

<u>PHYSICIAN OF CHOICE</u>	<u>ADDRESS</u>	<u>PHONE</u>

<u>HOSPITAL OF CHOICE</u>	<u>ADDRESS</u>	<u>PHONE</u>

If you, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you AUTHORIZE responsible school authorities to send your child (properly accompanied) to an available hospital or physician? Yes _____ NO _____

DATE: _____ SIGNATURE: _____

09/06