

EMERGENCY INFORMATION RECORD

Insurance Company Policy # _____ Group # _____

Please fill out and return to the teacher

Name: _____ Emergency Phone # _____
(Parent or Guardian)

Home Address: _____ Home Phone # _____

Mother's Business Phone: _____ Cell Phone # _____

Father's Business Phone: _____ Cell Phone # _____

Student's Physician:
Name: _____ Phone # _____

Hospital where student should be taken if parent or physician is unavailable:

Allergies & Other Medical Condition (check & explain or list):

--Allergies _____

--Epilepsy _____

--Asthma _____

--Heart Problems _____

--Recurring Illness _____

--Diabetes _____

--Dental Appliances _____

--Special Medications _____

--Other _____

Other contact in case of emergency _____

Name & Relationship _____ Phone _____

Signature of Guardian or Parent _____

Permission to obtain any emergency/medical or hospital aid for my child (Yes) (No)

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