

Emergency Information Form

The information provided on this form will allow faster parental contact should an emergency situation occur during the school year. Please print the following requested information.

Student Name: _____ Home Phone: _____

Father Employed: _____ Phone: _____

Mother Employed: _____ Phone: _____

Emergency Phone (Neighbor or Relative): _____

Doctor's Name and Phone: _____

List any unusual health problems:

Special Medications and Instructions: _____

Please advise us of any changes in the above information immediately. I hereby grant permission to administer prescribed medication and/or Tylenol or other (please list below).

Parent Signature: _____ Date: _____