



EMERGENCY INFORMATION RECORD 2020 - 2021

STUDENT LAST NAME _____

STUDENT FIRST NAME _____ GRADE _____

PARENT(S)/GUARDIAN(S) NAME _____ / _____

DATE OF BIRTH _____ GENDER MALE FEMALE

MOTHER'S BEST PHONE NUMBER _____

FATHER'S BEST PHONE NUMBER _____

IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, PLEASE CONTACT

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

PHYSICIAN NAME _____ PHONE _____

DENTIST NAME _____ PHONE _____

HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR GUARDIAN IS UNAVAILABLE

ALLERGIES AND/ OR MEDICAL CONDITIONS: PLEASE CIRCLE

ASTHMA DIABETES EPILEPSY (seizures) HEART DISEASE OTHER

ALLERGIES (BE SPECIFIC)

FOOD _____

MEDICATIONS _____

PLEASE COMPLETE OTHER SIDE!

CURRENT STUDENT MEDICATIONS:

MEDICATION	DOSE	TIME GIVEN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MY CHILD HAS AN EPI PEN FOR USE IN SCHOOL	YES	NO	AUVIQ	EPIPEN	
MY CHILD WEARS GLASSES	YES	NO			
MY CHILD HAS CONTACT LENSES	YES	NO	RIGHT	LEFT	BOTH
MY CHILD HAS A HEARING AID	YES	NO	RIGHT	LEFT	BOTH

PARENT'S EMAIL ADDRESS _____

SIBLINGS AT ALL SAINTS:

NAME _____ GRADE _____

NAME _____ GRADE _____

ADDITIONAL MEDICAL INFORMATION

IN CASE OF A SERIOUS ACCIDENT OR ILLNESS, REQUIRING IMMEDIATE MEDICAL ASSISTANCE, THE SCHOOL WILL CALL 911, NOTIFY THE PARENTS AND HAVE EMT'S TRANSPORT THE STUDENT TO THE HOSPITAL OF CHOICE.

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

