



EMERGENCY INFORMATION RECORD

LAST NAME _____

FIRST NAME _____ GRADE _____

PARENT/GUARDIAN NAME _____

DATE OF BIRTH _____ GENDER MALE FEMALE TRANS

HOME ADDRESS _____ ZIP CODE _____

MOTHER'S BUSINESS PHONE _____ CELL _____

FATHER'S BUSINESS PHONE _____ CELL _____

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 _____

MEICATIONS _____

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 _____

ADDITIONAL MEDICAL INFORMATION

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

PARENT SIGNATURE _____ DATE _____