



## EMERGENCY INFORMATION RECORD

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 1 \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME 2 \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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PHYSICIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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

\_\_\_\_\_

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**ALLERGIES AND/ OR MEDICAL CONDITIONS: PLEASE CIRCLE**

ASTHMA                  DIABETES                  EPILEPSY (seizures)                  HEART DISEASE                  OTHER

\_\_\_\_\_

**ALLERGIES (BE SPECIFIC)**

FOOD \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

**CURRENT STUDENT MEDICATIONS:**

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

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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

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PARENT'S EMAIL ADDRESS \_\_\_\_\_

**SIBLINGS AT ALL SAINTS:**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**ADDITIONAL MEDICAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_

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**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 \_\_\_\_\_