

<b>EMERGENCY INFORMATION RECORD</b>	LAST NAME		FIRST NAME	
	PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS		CITY	STATE	ZIP CODE
ALTERNATE HOME ADDRESS			PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE	
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:				
Name:	Address:	Phone:		
Name:	Address:	Phone:		
STUDENT'S PHYSICIAN – NAME AND ADDRESS			PHONE	
STUDENT'S DENTIST – NAME AND ADDRESS			PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE				
ALLERGIES AND OTHER MEDICAL CONDITIONS: Place an X next to any appropriate condition. (Please explain marked items below.)				
<input type="checkbox"/> ALLERGIES OTHER	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/>	
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> RECURRING ILLNESS		
Explanation, if necessary:				
PARENT: USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.	In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary. Parent Signature: _____ Date: _____			