



Student's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

## EMERGENCY INFORMATION

<i>Student's First Name</i>	<i>Student's Date of Birth</i>	<i>Student's Grade</i>
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### Name of Medical Personnel to be Contacted in Case of Emergency:

<i>Physician Name</i>		<i>Telephone Number (including area code)</i>	
<i>Street Address</i>	<i>City</i>	<i>ZIP Code</i>	
<i>Medical Insurance Company</i>		<i>Policy Number</i>	<i>Member Name</i>
<i>Dentist Name</i>		<i>Telephone Number (including area code)</i>	
<i>Street Address</i>	<i>City</i>	<i>ZIP Code</i>	
<i>Dental Insurance Company</i>	<i>Policy Number</i>	<i>Member Name</i>	

### Local Emergency Contacts (Friends, Neighbors) Who Have Permission to Pick up My Child: *(please provide at least 2 names)*

<i>Name</i>		<i>Telephone Number (including area code)</i>	
<i>Address</i>	<i>City</i>	<i>ZIP Code</i>	
<i>Name</i>		<i>Telephone Number (including area code)</i>	
<i>Address</i>	<i>City</i>	<i>ZIP Code</i>	

### Authorization

In the event of an emergency and if all effort to reach me have been unsuccessful, I give my authorization for my child, to be taken to \_\_\_\_\_ (hospital of choice) or the nearest Emergency Room and to be treated there by my doctor or his/her substitute. I understand that this authorization will accompany my child and that efforts will continue to be made to reach me. I further agree to assume the financial obligation incurred for such care.

<i>Signature (Parent or Guardian)</i>		<i>Date</i>
<i>Home Telephone Number (including area code)</i>	<i>Father Cell Phone Number (including area code)</i>	<i>Father Work Telephone Number (including area code)</i>
<i>Other Telephone Number (including area code)</i>	<i>Mother Cell Phone Number (including area code)</i>	<i>Mother Work Telephone Number (including area code)</i>

