Grade	
Teacher	
Bus No.	

EMERGENCY INFORMATION FORM

(Please Print)

For Office Use	
□ Allergies □ EMCP □ Known Services	

Student Name:			Birthdate:			
	Last Middle		First			
Address:						
	Street		Town			
	State	Zip Par	ent Email Address			
Aother's Name:			Home	i		
(Parent 1)	Last	First				
			Work			
		Address				
mployer:						
ather's Name:			Home	:		
(Parent 2)	Last	First	Cell	:		
			Work	:		
	F	Address				
Employer:						
	or nearby relatives who wil			ot be reached.		
Name:	Address:					
Name:	Address:			Phone:		
uthorize the school to ca	rious illness, I request the sch all the physician indicated bo I may make whatever arrang	elow and to follow his/h	ner instructions. If it is impo			
	Signature of Parent/Guardian		Date			
Remarks:						
Allergies:						
Other Conditions:						
Local Physician's Nam	10.	Address:				
ocal Physician's Nan Office Number:	ıc	Address: Other Number	•			
Hospital Preference:		u nave neamn insurance?	\square res \square N			