



### EMERGENCY INFORMATION

Dear Parent/Guardian:

Occasionally a student will become ill or injured while at school. WE would like your instructions on how to care for your child should the occasion arise.

Child's Name: \_\_\_\_\_ Home Room: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

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

Work Telephone: \_\_\_\_\_

Should the school be unable to contact the person/persons listed above, I authorize the school to contact:

First Choice:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Second Choice:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

The school administrators are authorized to call for emergency medical service/transportation when it is deemed necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_