**(SCHOOL NAME)**

## EMERGENCY CONTACT FORM - STUDENT ILLNESS PROCEDURE

**PERSONAL DATA**

Student Name Grade Date of Birth

Home Address Home Phone Number

Parent/Guardian 1 Name Parent/Guardian 2 Name

Phone (Cell) (Other) Phone (Cell) (Other)

**PLACE OF EMPLOYMENT**

Parent/Guardian 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Working Hours Work Phone

Parent/Guardian 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Working Hours Work Phone

**NAME OF LOCAL PERSON TO CONTACT IF PARENTS ARE UNAVAILABLE**

Name Relationship

Address Phone (Cell) (Other)

**HEALTH INFORMATION**

Primary Insurance Carrier Primary Insurance Carrier Policy/Group Number

Doctor/Pediatrician Name Telephone

Dentist Name Telephone

Does your child have any unusual health conditions? ❑ Yes ❑ No

If yes, please indicate:

❑ Asthma ❑ Bee Sting Allergy ❑ Internal Irregularities ❑ Deafness ❑ Physical Handicap

❑ Kidney/Bladder ❑ Peanut Allergy ❑ Convulsive Seizures ❑ Surgical

❑ Arthritis ❑ Other Allergy (list) ❑ Sight Impairment ❑ Fractures ❑ Other

❑ Diabetes ❑ Wears Glasses/Contacts ❑ Heart

Are there any physical or emotional limitations the teacher and staff should consider in working with your child?

❑ Yes ❑ No

If yes, please explain.

Parent/Guardian Name (Please Print):

Signature Date

## EMERGENCY CONTACT FORM - STUDENT ILLNESS PROCEDURE

## Page 2

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonably-accessible hospital facility.

Parent/Guardian Name (Please Print):

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