

STUDENT EMERGENCY RECORD INFORMATION

SCHOOL YEAR _____ GRADE _____ TEACHER _____

STUDENT: _____ DOB _____
(LAST NAME, FIRST NAME, INITIAL)

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

FATHER/GUARDIAN _____ PHONE _____ CELL _____

FATHER/GUARDIAN ADDRESS _____ DOB: _____

FATHER/GUARDIAN EMPLOYMENT _____ PHONE _____

MOTHER/GUARDIAN _____ PHONE _____ CELL _____

MOTHER/GUARDIAN ADDRESS _____ DOB _____

MOTHER/GUARDIAN EMPLOYMENT _____ PHONE _____

STUDENT'S PHYSICIAN _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

CONTACT'S RELATIONSHIP TO STUDENT _____

ALLERGY REACTION TO : _____

MEDICATION CURRENTLY TAKING : _____

RESTRICTION OF ACTIVITY AND REASON _____

PLEASE CIRCLE IF YOUR CHILD HAS PERMISSION TO CARRY AND USE AN INHALER: YES NO

(IF YES, A COMPLETED RELEASE FORM FOR STUDENT INHALER USE IS REQUIRED)

IN THE EVENT OF AN EMERGENCY, I CONSENT TO HAVE MY CHILD GIVEN EMERGENCY CARE OR MEDICAL TREATMENT AS NEEDED UNTIL I CAN BE REACHED. I WILL BE RESPONSIBLE FOR MEDICAL COSTS INCURRED IN THE EVENT OF ACCIDENTAL INJURY.

SIGNATURE OF PARENT OR GUARDIAN

DATE SIGNED