

Emergency Information 2012-2013

Child's (Children's) Last Name _____
Family Address: _____

Family email Address: _____

Children's Names and Grade Levels:

Home Telephone Number: _____

Mother's Name: _____

Mother's Phone Numbers: Work _____ Cell _____
Fax _____ Other _____

Father's Name: _____

Father's Phone Numbers: Work _____ Cell _____
Fax _____ Other _____

Home School District: _____

****If epi-pen use indicated-please complete:**

Allergies: ___ YES or ___ NO

If Yes, please list which allergies and what type of reaction? _____

Medical Conditions ___ YES or ___ NO

If Yes, please list:

****Please list all medications, even if taken only at home:**

Medications: _____

History of Concussion ___ Yes or ___ No

If Yes, when? Any residual medical problems?

Surgeries ___ Yes or ___ No

If Yes, please describe:

If we are unable to contact you in the event of an emergency, who would be able to attend to your children? Please give detailed information on full names of adults, phone numbers and relationship to your child.

OVER

Emergency Action Plan:

Please prepare a plan in case of an emergency dismissal from school. If your children are sent home early because of bad weather or a school-related emergency, what should they do if you are not home? Practice this procedure with your children. Please prepare a tag for your children's book bags for easy identification in case of an emergency.

Request for Permission

School Directory

Can we publish your name, your child's name, phone number and home address? This information would be used for the purpose of communication, party invitations, announcements, and compilation of a school directory.

_____YES

_____NO

Parent or Legal Guardian Signature

Date