## **EMERGENCY FORM** (Please Print)

STUDENT NAME _				GRADE
_	Last	First		GRADE
_				GRADE
ADDRESS			HOME PHONE	
BEST E-MAIL ADDF	RESS TO CONTACT PAREI	NT		
MOTHER'S NAME			MOBILE PHONE _	
PLACE OF EMPLO	YMENT		WORK PHONE	Ext
FATHER'S NAME _			MOBILE PHONE _	
PLACE OF EMPLO	YMENT		WORK PHONE	Ext
MY CHILD(REN) IS	COVERED BY FAMILY IN	SURANCE: YES_	NO	
COVERAGE BY			SCHOOL INSURA	NCE: YES NO
CANNOT BE REAC	CHED.			F YOUR CHILD(REN) IF YOU
			RELATIONSHIP	
ADDRESS			PHONE	
2. NAME			RELATIONSHIP	
ADDRESS			PHONE	
THE SCHOOL IS UN BELOW AND TO FO MAKE WHATEVER	NABLE TO REACH ME, I H OLLOW HIS INSTRUCTION ARRANGEMENTS SEEM I	ereby Authorize IS. If It Is Impossi Necessary.	THE SCHOOL TO CALL THI BLE TO CONTACT THE PHY	SICIAN, THE SCHOOL MAY
SIGNATURE OF PA	RENT OR GUARDIAN		Date	
ALLERGIES				
OTHER CONDITIO	NS			
REMARKS				
LOCAL PHYSICIAN	AL PHYSICIAN'S NAMELOCATION			
OFFICE PHONE		E	XCHANGE	
HOSPITAL PREFERI	RED (IF POSSIBLE)			
I GIVE PER CALLING N	ME. (We only have Tyler	ITENDENT/SECRETATION (ITENDENT/SECRETATION (	ARY TO GIVE MY CHILD(RE	EN) TYLENOL WITHOUT NIOR STRENGTH CHEWABLE
I DO NOT '	WANT THE SUPERINTENDI	ENT/SECRETARY TO	O GIVE MY CHILD(REN) TYI	LENOL BEFORE CALLING ME.
		Signature	e	