



**(PLEASE COMPLETE EMERGENCY INFORMATION FOR EACH CHILD)**  
**EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
City State Zip Code

Phone \_\_\_\_\_  
Home Mother's Work and /or Cell Father's Work and /or Cell

What is the best way to contact parents if not at home on a PSR evening?

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

List two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Health information we should know about each student:

PLEASE CHECK **AND EXPLAIN** IF ANY OF THE FOLLOWING APPLY:

\_\_\_\_\_ HAS ALLERGIES OR OTHER MEDICAL CONDITION \_\_\_\_\_

\_\_\_\_\_ USES PRESCRIPTION MEDICATION \_\_\_\_\_

\_\_\_\_\_ HAS A LEARNING DISABILITY \_\_\_\_\_

\_\_\_\_\_ OTHER HEALTH INFORMATION WE SHOULD BE AWARE OF: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

.....  
Physician's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Emergency Center/Hospital \_\_\_\_\_ Phone \_\_\_\_\_