



# Emergency Contact and Medical Information for a Child



Childs Name (Last, First, Middle)

Date of Birth

Today's Date

Address

City, ST ZIP Code

Home Phone

Cell Phone

Religion

Parish

School District

Student lives with both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Siblings Name & Age \_\_\_\_\_

.....  
**MOTHER'S INFORMATION:**

Mother's Name

Home Phone

Cell Phone

Address

City, ST ZIP Code

Employer

Occupations

Work Phone

Email Address

**FATHER'S INFORMATION:**

Father's Name

Home Phone

Cell Phone

Address

City, ST ZIP Code

Employer

Occupation

Work Phone

Email Address

.....  
**EMERGENCY CONTACT:** (Friend, Relative or Alternative Emergency Contact)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**PEOPLE ALLOWED TO PICK-UP:**

1. Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
2. Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
3. Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION:**

Does your child have any allergies (food, medication, environment, insects, etc.)?

\_\_\_\_\_

Any medical conditions that school staff should be aware of (asthma, heart murmur, seizures, eye/vision, hearing, etc.)?

\_\_\_\_\_

**OTHER INFORMATION:**

In the event of an **EARLY DISMISSAL OR EMERGENCY**, my child should:

\_\_\_\_\_

Any other information that you feel is important for your teacher to know:

\_\_\_\_\_

\_\_\_\_\_

**LIST ANY PREVIOUS SCHOOLS ATTENDED:**

\_\_\_\_\_

\_\_\_\_\_