



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 _____

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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.)?

Are there any medications for your child on file with the school nurse or in the school office?

OTHER INFORMATION:

In the event of an **EARLY DISMISSAL OR EMERGENCY**, my child (pick one):

- will go home on the bus
- will be picked up by parent(s)/guardian
- will be picked up _____ Cell Number _____

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