

EMERGENCY RECORD UP-DATE SHEET (2013-14)

PLEASE COMPLETE ONE FORM FOR YOUR FAMILY.

LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	GRADE

ADDRESS _____ CITY _____

ZIP _____ HOME PHONE _(_____)_____

FATHER'S NAME: _____

EMPLOYER: _____ PHONE: _____

MOTHER'S NAME: _____

EMPLOYER: _____ PHONE: _____

PLEASE LIST ANY ADDITIONAL PHONE NUMBERS (cell, mobile, pager, etc.)

_____ Mom/Dad _____ Mom/Dad

NAME OF FAMILY DOCTOR: _____

PHONE NUMBER: _____

NAME OF FAMILY DENTIST: _____

PHONE NUMBER: _____

PREFERRED HOSPITAL: _____

If emergency treatment is required, and no one can be reached immediately, may the school authorities use their own judgement in calling the physician indicated above or if not available, an alternate physician?

_____ YES _____ NO If NO, please indicate a plan to follow _____

Please complete information on reverse side.

PLEASE LIST ANY HEALTH PROBLEMS OR ALLERGIES:

INSURANCE INFORMATION:

NAME OF CARRIER: _____

GROUP NUMBER: _____ ID NUMBER: _____

MEDICATION INFORMATION:

Please list any medications your child takes on a regular basis and the condition being treated with each medication.

If medication is to be administered to your child during the school day, please obtain and complete a Medication Consent Form from the school office. Medication Consent forms must be completed for prescription and over-the-counter drugs. All medications must be kept in the school health room and in original containers.

Please list the names of all the individuals that you authorize to give medical consent and/or to pick up your child/children in case of an emergency.

Name

Phone Number

Relationship

Parent Signature

Date