



**Emergency Information**

**In Case of Emergency**

**I give permission for the following people to be notified and arrange for student to be released from school:**

**Emergency Contact One:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_

**Emergency Contact Two:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_

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**Physician Information**

Physician Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Parental Permission**

**If no one can be reached, you have my permission to contact an available physician to render emergency treatment and if in his/her judgment hospitalization or emergency treatment is necessary, you have my permission to transport him/her to a local hospital in a police car or ambulance at my expense.**

**Is there anything the school should know regarding student's health (daily medication, medical conditions, allergies, etc.)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_