

**EMERGENCY DATA INFORMATION
2005/2006**

Student Name _____ Grade _____

Address _____ Zip _____

Phone _____ Social Security # _____

Date of Birth _____

Parent e-mail address _____

In Case of Emergency, call:

Mother _____

Address _____

Phone (Home) _____ Cell Phone _____

Employer _____ Phone(Work) _____ ext _____

Father _____

Address _____

Phone (Home) _____ Cell Phone _____

Employer _____ Phone (Work) _____ ext _____

Additional Contact _____

Phone (Home) _____ Phone (Work) _____

Relationship _____

Additional Contact _____

Phone (Home) _____ Phone (Work) _____

Relationship _____

**A new Emergency Information form must be completed *annually*.
Your signature is required on reverse side in case of an emergency**

(OVER)

Student's Name _____

Doctor _____

Address _____

Phone _____

Preferred Hospital _____

Phone _____

Does your child have health insurance coverage? Yes _____ No _____
If not, health care coverage is available through the Caring Program if he/she meets
eligibility requirements.

Medications presently taking: _____

Allergies _____

Health Problems (including vision or hearing) _____

My child has permission to be given Tylenol if necessary _____ (Yes) _____ (No)

(Adult) _____ (Children's) _____ Dose _____

(Please note, we do not have Liquid Tylenol. Please list Dosage in tablet form. Thank
you.)

Signature _____ Date _____

Parent or Guardian