

IN CASE OF AN EMERGENCY

Should we be unable to reach you (the parents or guardians), whom may we contact to pick up your child(ren)?

Name _____

Relationship to Student _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Student's Full Name: _____

Social Security Number: _____

Insurance Name _____

Insurance Address _____

ID Number _____ **Group Number** _____

Insurance Claims Number: _____

Emergency Treatment Information

In case of an accident or serious illness, I request the school to contact me. Should the school be unable to reach me, I hereby authorize the school to call the physician below and to follow his/her instructions. If unable to contact our physician, make any arrangement deemed necessary.

Parent or guardian's Signature _____

Physician's name _____

Physician's Phone # _____

Allergies _____

Other medical conditions we need to be aware of: _____