

One Form per Family

EMERGENCY INFORMATION RECORD 2007-2008

Child/children's name(s) _____ Grade _____

Child/children's name(s) _____ Grade _____

Child/children's name(s) _____ Grade _____

Parent's/Guardian's name _____

Address _____
Street City Zip Code

Home Phone _____

Father's work place _____ Phone _____ Ext. _____

Cell phone _____ Pager Number _____

Mother's workplace _____ Phone _____ Ext. _____

Cell Phone _____ Pager Number _____

In the event we should need to reach you, list who would be first to notify in an emergency situation or illness: (ie – mother, father, grandmother, other family members)

First to call: _____
Name Relationship Phone/Cell/Pager

Second to call: _____

Third to call: _____

Fourth to call: _____

Hospital of Choice _____ phone _____

PLEASE NOTE ANY SIGNIFIGANT MEDICAL HISTORY SUCH AS: ALLERGIES, ASTHMA, DIABETES, EPILEPSY, HEART DISEASE, SIGHT, HEARING, OR SPEECH PROBLEMS. THIS IS VERY IMPORTANT TO KNOW. ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED.

Is your address noted above a change since last May? _____ YES _____ NO

Please turn form over and sign for Model Release

