

EMERGENCY INFORMATION FORM

Student's Name Last : _____ First _____
Please Print

Address: _____

Telephone: _____

Where can parents be reached if not at home? _____

Mother: Address _____ Tel. _____

Father: Address _____ Tel. _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____
Address _____ Tel. _____

2. Name _____
Address _____ Tel. _____

Does this student have any medical condition which should be noted? (if yes, please explain.)

Is this student taking any medication regularly? (If yes, please explain.) _____

Has this student had any diseases, accidents, tests, or immunizations during the past year? (If yes, please explain.)

Name and phone number of family physician. _____ Tel. _____

Do you give the school permission to share medical information regarding this students with appropriate staff members? _____yes_____no

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me or the person whose name I have given, I hereby authorize the school to make whatever arrangements seem necessary, which may include taking my child to the hospital out-patient department for treatment.

Signature of parent or guardian _____ Date _____

Mailing Address _____

Street Address (if different) _____

Reference Policy: JLCE

Mr. Joseph Fleck, Chairperson
Mr. Nathan Fogg
Mrs. Laurie Howe
Mr. Rodney Cools
Mr. Jason Brown

Adopted by the Board: