

## Emergency Information

Please Print

PUPIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last name First MI Month/Day/Year

GRADE \_\_\_\_\_ ADVISOR \_\_\_\_\_ BUS RIDER YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
Street Town ZIP Area Code - Number

STUDENT RESIDES WITH : Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Town ZIP Area Code - Number

Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_  
Area Code - Number

Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_ E-Mail \_\_\_\_\_  
Area Code - Number Area Code- Number

Name of Other Adult in Household \_\_\_\_\_ Relationship to Child \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Town ZIP Area Code - Number

Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_  
Area Code - Number

Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_ E-Mail \_\_\_\_\_  
Area Code - Number Area Code - Number

Name of Other Adult in Household \_\_\_\_\_ Relationship to Child \_\_\_\_\_

List Two Responsible Adults who will assume responsibility for your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Health Information or Chronic Health Conditions of Student \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Glasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Prosthetics \_\_\_\_\_

**School Authorities have our consent to act in an emergency, in securing the necessary transportation and aid for the preservation of our child's health . If school officials deem medical care to be immediately necessary, the child may be taken to La Grange Memorial Hospital. We, as parents or guardians, agree to assume all responsibility and expense, including transportation costs, incurred while handling emergency care.**

**Administration of all medications at school , including over the counter drugs, requires both a doctor's order and parent consent. Medicines must be sent in the original container labeled with name and instructions. No student will be allowed to carry any medication on them at any time.**

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_