



## Student Information & Emergency Care 2024-2025

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last First Month/Day/Year*

Name of Parent/Guardian 1: \_\_\_\_\_ Occupation \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Primary languages spoken at home: \_\_\_\_\_

Emergency Contact Other than Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Please list a local person)*

**Student's Insurance:** \_\_\_\_\_  
*Company Name*

\_\_\_\_\_ *Policy Number* \_\_\_\_\_ *Group Number*

**Student's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Is the student allergic to any medication? Yes  No  If yes, please list \_\_\_\_\_

Does the student have any other allergies? Yes  No  If yes, please list \_\_\_\_\_

Is the student under a physician's care for health needs on a continuing basis? Yes  No

If yes, please describe: \_\_\_\_\_

Is the student under medication or treatment on a continuing basis? Yes  No

If yes, please describe: \_\_\_\_\_

*A school staff member will communicate with parents to provide any necessary school assistance.*

**The school has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital, or to call the rescue squad which may then take my child to the nearest hospital; the rescue squad, the hospital, and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**