



Student Information & Emergency Care 2025-2026

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)

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

Revised 4/8/25