



EMERGENCY INFORMATION

School _____
Grade _____
Teacher _____

Please complete the following data. All information in this document will remain confidential and will only be made available on a need to know basis to those individuals who are involved in providing for your child's educational and health needs.

Student Name: _____ Date of Birth: _____ Gender: _____

Ethnicity: Hispanic Yes No

Race: (Check all that apply) Amer. Indian/Alaskan Native Asian Black Pacific Islander White

Transportation: Bus # _____ home Bus # _____ Day Care/Child Care Provider Car Rider/Walker Day Care Transportation

Home Address: _____ Email Address: _____

Is the above home/apartment owned or rented by the parent(s)/guardian(s): yes no

Home/cell Phone: _____ Mailing Address: (if not physical address) _____

(Number utilized by emergency notification system)

Military Dependent (Active Duty, please circle one): YES/NO

Please circle the appropriate YES/NO, as well as entering the order (1-5) that you wish school calls to be made from school personnel.

Parent/Guardian ONLY: _____ Call order: _____ Relationship: _____

Has Custody: YES/NO Lives with: YES/NO Gets Mailings: YES/NO Has Permission to Pick Up: YES/NO
Phone 1: () Home Phone 3: () Cell
Phone 2: () Work Phone 4: () Other

Parent/Guardian ONLY: _____ Call order: _____ Relationship: _____

Has Custody: YES/NO Lives with: YES/NO Gets Mailings: YES/NO Has Permission to Pick Up: YES/NO
Phone 1: () Home Phone 3: () Cell
Phone 2: () Work Phone 4: () Other

Other Contact: _____ Call order: _____ Relationship: _____

Has Permission to Pick Up: YES/NO Phone 1: () Home
Phone 2: () Work Phone 3: () Cell

Other Contact: _____ Call order: _____ Relationship: _____

Has Permission to Pick Up: YES/NO Phone 1: () Home
Phone 2: () Work Phone 4: () Cell

Other Contact: _____ Call order: _____ Relationship: _____

Has Permission to Pick Up: YES/NO Phone 1: () Home
Phone 2: () Work Phone 4: () Cell

Legal Alerts/Notes: _____

HEALTH INFORMATION Please be thorough in completing this section regarding your child's health information.

Medical Alerts/Notes: _____

Special Health Conditions: None Asthma Diabetes Seizures Other conditions (Please list any medical conditions) _____

Food or Drug Allergies: _____

Medications: (Please list all medications your child takes, both at home and at school): _____

NOTE: NO MEDICATIONS WILL BE GIVEN WITHOUT MEDICATION AUTHORIZATION AND/OR PHYSICIAN ORDERS.

See the school nurse for appropriate forms.

Doctor's Name: _____ Phone Number: _____

Permission to: Treat Call Doctor Call Ambulance and Transport to: Gateway Hospital or Blanchfield Hospital

In the event the school cannot locate a parent, guardian, or one of the above contacts, the principal is asked to contact the listed doctor. If a doctor is unavailable, the principal will make the necessary medical arrangements.

Parent/Guardian Signature: _____ Date: _____