

EMERGENCY INFORMATION

Pupil's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Work Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Work Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate persons to notify in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Physician of 1st choice \_\_\_\_\_ Phone \_\_\_\_\_

Physician of 2nd choice \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Procedure History:  
Promulgated on: 2008-09  
Revised on: 11/15/2018