EMERGENCY INFORMATION

Teacher	Grade
Student Information	Parent/ Guardian Information
Name	Mother's Name
NamePhone	Work Address
	Pnone
Address	
	Work Address Phone
Physician	
Address	Alternate Person to be notified in Case of an Emergency
Phone	Name
Preferred Hospital	Phone
Please list any existing medical condition(s) your	student has:
observation or treatment is urgent in the judgmen	pove cannot be reached at the time of an emergency, and if immediate at of the school authorities, do you authorize and direct the school ed) to the hospital or doctor most easily accessible?
	Yes No
Do you agree to be financially responsible for all	expenses incurred for the treatment under the circumstances described
above?	V N-
	Yes No
Name of Insurance Company	
If an ambulance is called, do you agree to be fina	incially responsible for expenses incurred?
	Yes No
	
If the answers to any of the above questions are	NO, please explain what action you desire school authorities to take
participate and perform, the parent/guardian ackr any instructor regarding such existing or potential	specifically limits or may limit the student's ability to reasonably nowledges that he/she is responsible for notifying of and meeting with I limitation. The parent/guardian and instructor are responsible for rticipate and perform to an extent that would allow the student to succeed
	Parent or Legal Guardian Date
Does the parent or legal guardian give permission	n to release the above information to school staff?
	Vos No
	Yes No
	Parent or Legal Guardian Date

Note: once this form is completed the parent may update it periodically. It is the responsibility of the parent to notify the school regarding any emergency information changes, as the school will act on the latest information available.