

EMERGENCY INFORMATION – SOUTH CAMPUS

2017-2018 School Year

(Please fill out completely)

Pupil's LEGAL Name: Last _____ First _____ M.I. _____ Gender: M F

Birth Date: _____ Nickname: _____ Grade in School: _____ Student Cell (____) _____

Guardian/Parent 1 Full Name: _____ Home Phone: (____) _____ Cell: (____) _____

Address: _____ Work Phone: (____) _____

City: _____ Zip: _____

Guardian/Parent 2 Full Name: _____ Home Phone: (____) _____ Cell: (____) _____

Address: _____ Work Phone: (____) _____

City _____ Zip _____

Mother's email: _____ Father's email: _____

Child resides with: both parents mother only father only other/specify _____

Legal Guardian: Mother Father Both Parents or Guardian Name _____

Emergency contact (other than persons listed above): _____ Relationship: _____ Phone: (____) _____

Emergency contact (other than persons listed above): _____ Relationship: _____ Phone: (____) _____

Physician's Name: _____ Phone: (____) _____ Dentist's Name: _____ Phone: (____) _____

List any medical problems: _____

List any Allergies (food, medication, environmental or NONE): _____

Medications@Home (Name/Time/Amount) _____

Medications@School (Name/Time/Amount) _____

Physical Restrictions: _____ Dietary Concerns: _____

Language spoken in home if other than English: _____

If neither parent can be contacted in the case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including transportation to a hospital or medical center.

Signature of Parent or Guardian

Date

STUDENT INFORMATION CONTINUED

Pupil's LEGAL Name: Last _____ First _____ Birth Date: _____

OUTSIDE AGENCIES INFORMATION:

Is the student currently seeing a **therapist** (outside of school)? YES NO If "yes" please specify the following:

Name of therapist: _____ Address: _____

City: _____ Zip Code: _____ Phone Number: _____

Do we have permission to contact this therapist? YES NO

If "yes" please complete a Consent to Release Information form.

Is the student currently seeing a **psychiatrist** (outside of school)? YES NO If "yes" please specify the following:

Name of psychiatrist: _____ Address: _____

City: _____ Zip Code: _____ Phone Number: _____

Do we have permission to contact this psychiatrist? YES NO

If "yes" please complete a Consent to Release Information form.

Is the student currently involved in the courts? YES NO

Is the student currently involved with a **probation officer**? YES NO

If "yes" please list the probation officer's name: _____

Phone number: _____

Do we have permission to contact the probation officer? YES NO

If "yes" please complete a Consent to Release Information form.

INSURANCE INFORMATION:

Name of Insurance Company: _____ Phone Number: _____

Address of Company: _____

Policy Holder's Name: _____ Birth Date: _____

Group/Policy Number: _____ Employer: _____