

ALBION CENTRAL SCHOOL EMERGENCY INFORMATION

Please take a moment to complete the following Emergency Information form and return it to school with your child. Thank you.

A. Student Information

Student Name			
Date of Birth		Grade Level:	
Student Home Phone			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Language Spoken at Home	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other
Is the student Hispanic, Latino or of Spanish Origin?	<input type="checkbox"/> Yes, Hispanic	<input type="checkbox"/> No, not Hispanic	
Race	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander

B. Address Information

Home Address
Home City, State, Zip
Mailing Address (if different)
Mailing City, State, Zip

C. Parent Information

Father's Name
Father's Home Phone
Father's Cell Phone
Employer
Work Phone
Father's Address (if different)
Mother's Name
Mother's Home Phone
Mother's Cell Phone
Employer
Work Phone
Mother's Address (if different)

D. Living Arrangements

Single Parent Household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Student currently lives with?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Two Parents home	<input type="checkbox"/> Sole Custody	<input type="checkbox"/> Separated	
	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Custody Transfer	<input type="checkbox"/> Foster Placement

If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers.

Guardian's Name
Guardian's Home Phone
Guardian's Cell Phone
Employer
Work Phone

E. Emergency Contacts (IN CASE PARENTS CANNOT BE REACHED)

Contact 1		Contact 2	
Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

F. Medical Information

Doctor Name	
Doctor Phone Number	
Hospital of Choice	
Dentist Name	
Dentist Phone Number	
Allergies	
Does student use an Epi-Pen?	
Physician Prescribed Medications (Please List)	
Health Problems – Circle all existing medical conditions currently being treated by a physician. Describe. -Asthma -Diabetes -Hearing – Frequent Infections, Hearing Aids, or Tubes -Seizures -Vision – Contacts/Glasses -Other (Describe)	
Has any health condition resulted in a medical emergency? (Describe)	

PLEASE NOTE: In order for students to receive medication in school, the nurse must have a doctor's order.**G. To Be Completed by the Parent/Guardian**

In case of a medical emergency, and I can not be reached, I give my child's doctor or any attending physician permission to administer medical treatment.

 Yes No

List ALL siblings living in the household. (Please include children not yet enrolled in school)

BROTHER/SISTER

DATE OF BIRTH

MALE/FEMALE

GRADE

Would you like to receive district and school updates through email? Yes No

Email address: _____

(signature of Parent/Guardian)_____
(Date)

If there is additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly (589-2050).