

Please complete an Emergency Form for each student.

Please print clearly

Student Name _____ Grade _____

Date of Birth _____ Male or Female

Student's Home Telephone _____

Mother's Name _____

Daytime Phone _____
(Home) (Cell) (Work)

Father's Name _____

Daytime Phone _____
(Home) (Cell) (Work)

Student Lives with: _____

* Physical custody is: Mother Father Joint
Other (Please name) _____

If a child becomes ill and parent or an adult he/she lives with cannot be reached, please call the following person(s):

1. _____
2. _____
Name Relationship to the child Telephone

Please list any children in the same household who attend this school.

List any condition your child has that might result in a medical emergency (*ex. Asthma, Diabetes, Seizures, Allergic reactions to bee stings, peanuts, etc.*)

In case of serious accident or illness and I cannot be reached, I hereby authorize the doctor or treatment clinic below to treat by child if necessary. An ambulance from Hennepin County Medical Center can be called. Coat of the ambulance is my responsibility.

Dr. or (Hospital/Clinic) _____ Tel. _____

_____ Date _____

Signature (*of parent or person filling out this card*)

Relationship to student _____