
Last Name Initial

EMERGENCY INFORMATION RECORD

Student's Last Name: _____

Student's First Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Home Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

Mother's Work Phone: _____ Cell: _____

Father's Work Phone: _____ Cell: _____

Emergency Contacts (Parent Not Available):

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician's Name: _____
Physician's Phone: _____
Dentist's Name: _____
Dentist's Phone: _____
Hospital where student should be taken if parent/physician are not available: _____
Existing Medical Conditions
 Allergies Comments: _____
 Asthma _____
 Diabetes _____
 Epilepsy _____
 Heart Problems _____
 Recurring Illness _____
In case of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I authorize the school to contact the physician listed above. If the physician is not available, the school may arrange for care as needed.
Parent Signature: _____ Date: _____

MacGill Discount School Nurse Supplies: 1-800-323-2841

Re-order # 291132