

Health Office Emergency Information Card (School Year _____)

High School _____, Golding _____, Radez _____, Ryder _____

Student's Last name	First Name	Grade	Homeroom teacher	Bus #
Home Mailing Address	Town	Zip	Home Phone#	
Parent/Guardian Name(s)	Work #'s	Cell #'s		

Relatives/Friends to contact if parent cannot be reached for emergency needs or closings:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Family Doctor and phone# _____ Family Dentist and phone# _____

Please list any changes in family status that may have occurred over the summer that may have an impact on students' performance in school (i.e.: divorce, death in family, new baby) _____

Explain any conditions which prevent full participation in school/PE class _____

(OVER)

Please use this area to provide other information you feel is important for the school to know about your child (i.e. medical concerns, who may pick up /drop off at school, child care provider, etc.) _____

Check: Yes _____ No _____ to give permission to share this information with your child's teachers, bus driver, and other school personnel unless checked otherwise.

In the event of an emergency and I cannot be reached, I authorize school officials to obtain the services of the nearest ambulance, emergency squad, or licensed physician. I also authorize a trained first aid person or licensed physician to provide immediate and necessary care.

Date

Signature of Parent/Guardian

e-mail address

Please complete both sides of this card and return it to school with your child as soon as possible. Also be sure to keep us updated on any changes as they occur.