

Emergency Information Form

Please Print:

Student's Name: _____ D.O.B. ____ - ____ - ____

Address: _____
Street City State Zip

Home phone: _____
Mother Cell #: _____ Business #: _____

Father Cell #: _____ Business #: _____

List two friends, neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached. If they are not known to the teacher, they will be asked for identification when picking up your child.

1. _____
Name Home/Work Phone

2. _____
Name Home/Work Phone

Medical Insurance: Name _____ **I.D. #** _____

Doctor: _____
Name Phone

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency the school may choose a physician.

Please state _____ **or** _____.
Yes No

Is your child allergic to any drugs? Yes _____ **What** _____ **No** _____
Foods? Yes _____ **What** _____ **No** _____
Others? Yes _____ **What** _____ **No** _____

Please describe reactions specifically _____

May Tylenol be given? _____

May topical antiseptic be used? (ie. Bandaid, Neosporin) _____

Does your child have any chronic illness (asthma, diabetes, heart disease, epilepsy)? _____

Does your child take any medicines on a regular basis? _____

See back side.

As parent, agency representation, or legal guardian, I hereby give consent to Wood Rose Academy to provide all emergency dental or medical care prescribed by a duly licensed physician or dentist for (Student) _____.

This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent or Guardian