



**EMERGENCY INFORMATION AUTHORIZATION FORM**

**Toddler to 12<sup>th</sup> grade –ONE FORM PER STUDENT- NEW FORM needed 2008-2009.  
Complete this form and return to health office by the first day of school.**

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male/Female

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

**If my child has to be taken home because of a minor illness and I cannot be reached, please call:**

\_\_\_\_\_  
 (name) (address) (relationship) (phone)

\_\_\_\_\_  
 (name) (address) (relationship) (phone)

**In an EMERGENCY when you cannot reach either parent, I authorize the school to call:**

\_\_\_\_\_  
 (physician's name) (address) (phone)

\_\_\_\_\_  
 (dentist's name) (address) (phone)

**Health Survey:**

1. Has the student had any immunizations, including tetanus injection, since September 1 last year? \_\_\_\_\_  
 Please specify. \_\_\_\_\_
2. Has the student had any illnesses, serious injuries, operations, or other communicable diseases since September 1 last year? \_\_\_\_\_ Please specify dates. \_\_\_\_\_.
3. Are there any conditions such as heart disease, epilepsy, diabetes, liver or kidney disease, or other known handicaps of which the school should be aware in order to plan an appropriate program? \_\_\_\_\_  
 Please specify. \_\_\_\_\_.
4. Does the student have any allergies? \_\_\_\_\_. Please specify \_\_\_\_\_.
5. Date of last dental exam \_\_\_\_\_, ear exam \_\_\_\_\_ eye exam \_\_\_\_\_.
6. Current medications and dosages: \_\_\_\_\_.

Additional comments \_\_\_\_\_

Date: \_\_\_\_\_ PARENTS SIGNATURE \_\_\_\_\_

