



Emergency Information Sheet 2017-2018

Student's Name: _____ Grade: _____ Date: _____

Birth date: _____ Home Address _____

Street City Zip

Mailing Address: _____

Street City Zip

Home Phone: _____

CONTACT INFORMATION – Please write 1, 2, 3, or 4 beside each phone number you provide us. We will attempt to make emergency contact in the order you indicate, beginning with the phone number marked #1.

Father

Mother

Occupation/Place of Business

Occupation/Place of Business

Work Phone Number

Work Phone Number

Cellular Phone Number

Cellular Phone Number

Email Address

Email Address

Medical Information:

Doctor's Name: _____ Phone: _____

Health Insurance Company: _____

Insurance Number: _____ Subscriber: _____

Information on special health concerns and/or medicine your child must take on a regular basis. ***Note: All medications to be taken at school require a release form on file in office.***

Allergies to Medication: _____

I hereby authorize Silverwood staff to administer acetaminophen or ibuprofen as needed for my child.

Parent/guardian signature: _____ Date: _____

Medical Assistance: In the event of an emergency or injury to my child, I authorize the teacher(s) in charge to seek and provide, at my expense, such first aid assistance as he or she deems appropriate.

Parent/guardian signature: _____ Date: _____

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