Form
E126

EMERGENCY INFORMATION RECORD

LAST:	FIRST:	INITIAL:	GRADE:	TEACHER:

SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	PHONE:

HOME ADDRESS:	CITY:	ZIP:

MOTHER/GUARDIAN

NAME:
HOME PHONE:
WORK PHONE:
CELL PHONE:
E-MAIL:

FATHER/GUARDIAN

NAME:
HOME PHONE:
WORK PHONE:
CELL PHONE:
E-MAIL:

EMERGENCY INFORMATION

FAMILY PHYSICIAN:	PHONE:
EMERGENCY CONTACT:	**PHONE:**
SPECIFIC RELATIONSHIP (NEIGHBOR, RELATIVE, ETC.):	

In the event of emergency, I consent to have my child given emergency care of medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of accidental injury.

SIGNATURE OF PARENT OR GUARDIAN:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

IMPORTANT INFORMATION

☐ **ALLERGY REACTION TO:**

☐ **MEDICATION CURRENTLY (Date): TAKING:**

FOR:

☐ **RESTRICTION OF ACTIVITY: (Please state the degree of restriction and why it is necessary.)**

☐ **OTHER PHYSICAL CONDITIONS (Explain)**