

INFORMATION SHEET FOR MEDICAL EMERGENCIES

(We will be asking for this information to be updated each school year on our Annual Emergency and Parent Permission form)

Full name of student

Birthdate

PARENT/GUARDIAN	MOTHER	FATHER	OTHER
Name			
Address			
Phone(s)			
Place of work			
Work phone			
e-mail address (optional)			

Home mailing address: _____

Health Care Provider: _____ Phone #: _____

Hospital of Choice: _____

Occasionally students get ill or injured at school and the Health Office will be contacting you to come and pick up your child. Please give requested information for **TWO** persons who could be called in case you cannot be reached. (It may be a neighbor, relative, friend, or babysitter. It should be persons who are usually home during the school day and who would be able to provide temporary care for the student. It should be a person with his/her own transportation).

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

IN THE EVENT THAT THE ABOVE PERSONS CANNOT BE CONTACTED:

I give permission to the staff of the Susquehanna Community School District to transport, or to make arrangements for the transportation of my child to emergency medical care, and to sign the permission for medical treatment declared immediately necessary by the physician.

Signature of parent/guardian

Date