

STUDENT EMERGENCY INFORMATION

STUDENT ID NO: _____

Student's Name (Last, First, Middle)		Home Phone ()	
Student's Social Security number:	Age	Date of Birth (month/day/year)	
Address	City	State	Zip +4

IN CASE OF EMERGENCY: Please indicate the parent/legal guardian, in order of preference, to contact:

Parent/Legal Guardian	Daytime Phone
	Daytime () Cell ()
	Daytime () Cell ()
	Daytime () Cell ()

IN CASE OF EMERGENCY: If parents or guardian are not immediately available, contact:

Friend or Relative	Phone
	()
	()
Physician	()
Hospital	Emergency Room Phone Number ()

Please list the names of anyone who should NOT be able to pick up or visit your child. Attach court order (required).

DOES STUDENT WEAR:

GLASSES YES _____ NO _____
 CONTACTS YES _____ NO _____
 BRACES YES _____ NO _____
 RETAINERS YES _____ NO _____
 HEARING AID YES _____ NO _____

STUDENT HEALTH HISTORY:

ALLERGY YES _____ NO _____
 ASTHMA OR RESPIRATORY YES _____ NO _____
 DIABETES YES _____ NO _____
 SEIZURE YES _____ NO _____
 RHEUMATIC FEVER YES _____ NO _____

Other Aids/Appliances: _____

If any "Yes" responses, please explain below and provide any additional information that is necessary:

LIST ANY MEDICATION STUDENT TAKES REGULARLY: _____

IN CASE OF EMERGENCY OR AT THE REQUEST OF THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR, MY SON MAY BE GIVEN EMERGENCY TREATMENT OR BE TAKEN TO A HOSPITAL, DOCTOR'S OFFICE OR DENTIST. YES NO	Please Initial Here
MY SON IS PERMITTED TO RECEIVE TYLENOL AT THE RECOMMENDED AGE/WEIGHT DOSAGE AS INDICATED BY THE DIRECTIONS ON THE BOTTLE AND AT THE DISCRETION OF THE DEAN'S OFFICE. YES NO	