



## STUDENT EMERGENCY FORM, 2010-2011

Student's Name \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

**To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is NECESSARY that you furnish the following information for emergency calls:**

Name	Work Address	Work Phone
Parent 1	_____	_____

Parent 2	_____	_____
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Mobile Phone	Email address
Parent 1	_____

Parent 2	_____
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**LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:**

Name	_____
Address	_____
Phone	_____
Mobile Phone	_____

Name	_____
Address	_____
Phone	_____
Mobile Phone	_____

**Health Information: List any health conditions such as heart disease, diabetes, epilepsy, allergies, eye or ear problems, or any chronic problems, etc.**

Explanation: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of The Shoshana S. Cardin School to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event parents, physicians, or other persons named on this card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the School financially responsible for emergency care and/or transportation for said child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name on Insurance Policy: \_\_\_\_\_