



### Emergency Procedure Information

Pupil's Name \_\_\_\_\_

Teacher \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Grade \_\_\_\_\_

Sex \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

*In case of an emergency, illness or accident, to the child named above, the school will attempt to contact either parent/guardian at home/work. In instances where medical attention is needed without delay, 911 or the physician will be contacted ; the parent/guardian will be called after 911 is notified.*

Mother's Name _____		
(H) _____	(W) _____	(C) _____

Father's Name _____		
(H) _____	(W) _____	(C) _____

Emergency Contact 1 _____		
(H) _____	(W) _____	(C) _____

Emergency Contact 2 _____		
(H) _____	(W) _____	(C) _____

Physician's Name _____	Phone Number _____
Clinic _____	

Dentist's Name _____	Phone Number _____
Clinic _____	

Hospital Preference _____
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Day Care Provider _____	Phone Number _____
Address _____ _____	

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

\_\_\_\_\_  
 Date