



EMERGENCY DATA 2019-2020

This form is to be completed EVERY SCHOOL YEAR. It is very important that you update changes throughout the school year. **** Please use INK and PRINT LEGIBLY ****

STUDENT(S) LAST NAME: _____

First Name(s)

1) _____ Grade: _____ Birthdate: _____

2) _____ Grade: _____ Birthdate: _____

3) _____ Grade: _____ Birthdate: _____

First Parent Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Call First (circle one) Home Cell Work

Place of Employment: _____

Primary EMAIL: _____

Home Address: _____ Primary address for child(ren)? (circle) Yes

Second Parent Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Call First (circle one) Home Cell Work

Place of Employment: _____

Primary EMAIL: _____

Home Address: _____ Primary address for child(ren)? (circle) Yes No

COMPLETE OTHER SIDE →

MEDICAL INFORMATION

This form must be completed in detail. It is the responsibility of the parents to keep St. John's Episcopal School informed of any changes in your child's medical status.

1. Child's Name: _____ Grade: _____
Medical Condition(s): _____ Or check None _____
Allergies: _____ Or check None _____
Medications: _____ Or check None _____
Glasses (circle one) Yes No Contacts (circle one) Yes No

2. Child's Name: _____ Grade: _____
Medical Condition(s): _____ Or check None _____
Allergies: _____ Or check None _____
Medications: _____ Or check None _____
Glasses (circle one) Yes No Contacts (circle one) Yes No

3. Child's Name: _____ Grade: _____
Medical Condition(s): _____ Or check None _____
Allergies: _____ Or check None _____
Medications: _____ Or check None _____
Glasses (circle one) Yes No Contacts (circle one) Yes No

We will attempt to call a parent should your child become ill or have an accident during school hours. If a parent is unable to be contacted, please list at least two (2) names and contact phone numbers of people willing to take responsibility for your child in case of illness or accident.

1. Name: _____ Phone: _____
Relationship: _____

2. Name: _____ Phone: _____
Relationship: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

RELEASE: I authorize officials at St. John's Episcopal School to administer first aid to my child/or call 911 for emergency treatment in the event it appears necessary. I further agree to allow my child to be transferred by rescue squad in emergency situations.

PARENT SIGNATURE

DATE