



**EMERGENCY DATA 2020-2021**

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**