

# MORAVIA MIDDLE-HIGH SCHOOL EMERGENCY INFORMATION

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ D.O.B. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

LIST ANY OTHER CHILDREN IN HOUSEHOLD (INCLUDE NAME AND AGES)

\_\_\_\_\_

DOES THE ABOVE STUDENT RESIDE WITH HIS/HER PARENTS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NO, WHO HAS LEGAL CUSTODY? \_\_\_\_\_  
(PROVIDE LEGAL DOCUMENTATION)

IF MY CHILD HAS TO BE TAKEN HOME DUE TO MINOR ILLNESS AND I CANNOT BE REACHED, PLEASE CALL:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
RELATIVE'S NAME – RELATIONSHIP PHONE

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
FRIEND'S NAME – RELATIONSHIP PHONE

IF NONE OF THE ABOVE NAMED CAN BE REACHED, PLEASE CALL AN AVAILABLE LICENSED PHYSICIAN OR TAKE MY CHILD TO THE NEAREST EMERGENCY FIRST AID STATION BY AMBULANCE IF NECESSARY. THE ABOVE NAMED PEOPLE ARE THE ONLY PEOPLE WHO MAY PICK UP THE ABOVE STUDENT FROM SCHOOL.

MY CHILD HAS THE FOLLOWING CONDITION, WHICH MAY REQUIRE SPECIAL HANDLING IN AN EMERGENCY. PLEASE LIST ALLERGIES (KINE, REACTION, AND HOW TREATED).

\_\_\_\_\_

MEDICAL CONDITION (S)	TYPE	TREATMENT	DOCTOR
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MEDICATION (S)	TYPE	REASON
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IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR, IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE HEALTH OFFICE. PARENTS/GUARDIANS ARE ALSO ADVISED THAT IN THE EVENT OF INJURY, THE PARENT/GUARDIAN'S PERSONAL ACCIDENT/HEALTH INSURANCE CARRIER, IF ANY, SHALL PROVIDE PRIMARY COVERAGE WITH THE SCHOOL'S PUPIL BENEFITS PLAN INSURANCE PROVIDING SECONDARY AND LIMITED COVERAGE.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_