

EMERGENCY INFORMATION

_____ Date _____

LAST NAME _____ **FIRST NAME** _____ Age _____

Weight _____ Are Immunizations up to date? Y
Height _____ N

Please list 8 people (and their phone numbers) to call in the event of an emergency. We would prefer parents be listed first, with the most likely numbers to reach them during the school day.

Home = H
Office = O
Cell = C

	Name	Phone	Relationship	
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____

INSURANCE INFORMATION

Company: _____
Group ID: _____
Name of Insured: _____

HOSPITAL INFO

Name: _____
Phone: _____
Location: _____

PEDIATRICIAN INFORMATION

Name: _____
Phone: _____

Address of Pediatrician: _____

MEDICATIONS Please list ALL medications currently taken (use the back of this form if more space is needed)

Name of Rx	Dosage Amt	Dosage Time & Frequency	Purpose of Medication	Prescribing Physician	Emergency # for Prescribing Physician
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERMISSION TO TRANSPORT

In the event that I cannot be reached to arrange for emergency medical attention, I authorize the faculty and staff members of The Joy School to either contact emergency services via 911, or to transport to a healthcare facility.

Signature of Parent _____ Date _____

If I cannot be reached, I ask that the following be done:

Please list three topics of interest that we could use to talk with your child to "keep his mind off" of the emergency at hand:

Allergy information: