



THE  
RIVER  
SCHOOL

## STUDENT EMERGENCY FORM

Today's Date: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Class \_\_\_\_\_

Name Usually Called \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

### Family Information

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

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

\_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Hours \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_ Pager \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Caregiver can be reached at # \_\_\_\_\_ between the hours of \_\_\_\_\_

**\*\*\*Please turn over to complete side two of this form\*\*\***

## Special Health Concerns

\*Any Known Allergies:

To Food? \_\_\_\_\_

In the Environment? \_\_\_\_\_

To Medication? \_\_\_\_\_

\*Has the child ever had a severe allergic reaction to anything? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

\*Is the child asthmatic? \_\_\_\_\_

\*Does the child take any medications on a regular basis? \_\_\_\_\_

\*What steps should the school take in response to your child's special health concerns at school?

**Please list (2) persons to be contacted in an emergency WHEN PARENTS CAN'T BE REACHED:**

1. Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

2. Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

## Medical Information

Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

Dentist's name: \_\_\_\_\_

Dentist's address: \_\_\_\_\_

Dentist's telephone number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_