



Medical Emergency Information

Student's Name: _____ Grade: _____ Homeroom: _____
Address: _____ Home Phone: _____
Birth Date: _____ Student Resides With: _____
Father's Name: _____ Home Phone: _____
Father's Work: _____ Work Phone: _____
Cell Phone: _____
E-mail Address: _____
Mother's Name: _____ Home Phone: _____
Mother's Work: _____ Work Phone: _____
Cell Phone/Beeper: _____
E-mail Address: _____

If I cannot be contacted, please call:

Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____

Family Physician's Name: _____ Phone: _____
Address: _____
Medical Insurance Group: _____ Policy #: _____
Family Dentist's Name: _____ Phone: _____
Address: _____
Dental Insurance: _____ Policy #: _____

May we contact the above, if necessary? _____ Yes _____ No
Hospital in area Preferred: _____ Phone: _____
Address: _____
Date of last Tetanus Booster: _____

I give permission to David Bodmer, Tom Grossi or Ernie DiCicco to transport or to make arrangements for the transportation of my child for emergency medical care and to sign permission for medical treatment declared immediately necessary by the physician, in the event that the persons listed above cannot be contacted.

Parent/Guardian Signature: _____

Date: _____