

# Emergency Record For classroom

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## *Student's Information*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Contact: \_\_\_\_\_

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## *Parent's Information*

Mother's Name \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: Home \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: Home \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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## *Emergency Contact*

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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## *Pick-up Information*

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

# Physician

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Allergies &/or Special Medical Information:

\_\_\_\_\_

\_\_\_\_\_

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## *Symptoms of ill health*

<i>Date</i>	<i>Symptoms (detailed)</i>	<i>Parent Contacted</i>	<i>Staff</i>