

# Emergency Information

## 2010 – 2011 School Year

STUDENT'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

In the event of an emergency, we will notify parents first:

Mother/Guardian: _____	Father/Guardian: _____
Primary Notification Phone: _____	Primary Notification Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____
Work Address: _____	Work Address: _____
_____	_____
_____	_____

Please give emergency contacts information for two people whom we can contact in the event we are unable to reach either parent. Please include phone numbers (work, home, cell, and pager), address, and relationship to the child.

1. \_\_\_\_\_  
\_\_\_\_\_
  
2. \_\_\_\_\_  
\_\_\_\_\_

**Allergies/Medical Condition(s):** Describe any chronic or handicapping problems and give instructions for the care of your child.

Child's Doctor / Phone / Address: \_\_\_\_\_

Child's Dentist / Phone / Address: \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Hospital to be used in case of medical emergency will be **Good Samaritan, Lafayette, Colorado**  
**Phone 303-440-2273** unless otherwise indicated: \_\_\_\_\_  
\_\_\_\_\_

I give permission for medical treatment in case of emergency.

I Do  Do Not  give permission for my child to be photographed for school publicity purposes, slide shows and other school presentations

Mother's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_