WHITING VILLAGE SCHOOL
AOS 96
STUDENT EMERGENCY INFORMATION

PLEASE PRINT! (ONE PER STUDENT)

Student Name: _____ Grade : _____
Last, First, Middle

Known conditions/allergies: _____

Date of Birth: _____ Home Phone: _____

Mailing Address: _____

Street Address, if different: _____

E-mail: _____

Mother's name: _____ Father's Name: _____

Where can parents likely be reached if not at home?_____

Mother's (work) : _____ Tele: _____Cell: _____

Father's (work) : _____ Tele: _____Cell: _____

Physician's Name/Number: _____

Please list three neighbors or near-by relatives who will assume temporary care of your child if you cannot be reached: List in order of Preference:

Name: _____ Tele: _____
Address: _____

Name: _____ Tele: _____
Address:
_____

Name: _____ Tele: _____
Address: _____

In case of emergency, accident, or serious illness to the above named child, I request the school to contact me. If the school cannot reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school is authorized to proceed as indicated below. ( ) Take child to emergency hospital ( ) Take child to any licensed physician ( ) Other : Describe in detail:
_____

Parent/Guardian signature: _____Date: _____