

Emergency Contact Form

One form must be completed per student

Date: _____ New Student: _____ Re-Enrollment _____ Grade Entering _____

Student Information

First Name: _____ Middle: _____ Last: _____

Student's Birthday: _____ Gender: M / F

Student's Address: _____ City: _____ Zip: _____

Home Phone: _____ Email Address: _____

Lives with: ___ Mother/Father ___ Mother/Stepfather ___ Father/Stepmother ___ Mother ___ Father ___ Other
Any court ordered custody issues must be clearly stated in current court papers, please attach a copy.

Emergency Contact: _____ Home Phone: _____ Cell Phone: _____
(other than parent and local)

Parent Information

Father's Name: _____ Daytime Telephone Number: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Employer's Name: _____ City: _____

Mother's Name: _____ Daytime Telephone Number: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Employer's Name: _____ City: _____

Step-Parent/Guardian Name: _____ Daytime Telephone Number: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Employer's Name: _____ City: _____

SEE REVERSE SIDE

Medical and Dental Insurance Information

Student's Weight: _____ **Student's Height:** _____

Doctor/Pediatrician Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Name of Insurance Co: _____

Group Policy: _____ Member #: _____

Hospital: _____

Dentist Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Name of Insurance Co: _____

Group Policy: _____ Member #: _____

Hospital: _____

Medical / Allergy Information

Does the student have any medical conditions? _____

If yes, is it life threatening? _____

Does the student have any food allergies? _____

If yes, list instructions for treatment: _____

Is the student allergic to bee stings? Yes / No

Personal Epi-Pen on site: Yes / No

I give permission for the staff of HCS to administer the following over-the-counter medications as needed according to the recommended dosage chart for weight and age:

Tylenol Motrin/Ibuprofen Benadryl

Carpool Information

I give permission for the following people to pick my student(s) up from school:

I/ we declare that all the information given is true and correct.

Father's / Guardian's Signature

Date

Mother's / Guardian's Signature

Date