

## Emergency and Medical Information

<b>Student Information</b>				
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Student's Name:				
Grade:	Date of Birth:	Age:	Gender:	Weight:

<b>Primary Guardian One</b>				
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Name:	HomeAddress:			
HomePhone:	Cell Phone:	Business Phone:		
LegalCustody:	LivesWith:	Receives Mailings:		

<b>Primary Guardian Two</b>				
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Name:	HomeAddress:			
Phone:	Cell Phone:	Business Phone:		
EmailAddress:				
LegalCustody:	LivesWith:	Receives Mailings:		

<b>EMERGENCY CONTACT – List a different contact than above</b>				
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Name:	HomeAddress:			
Primary Phone:	Cell Phone:	Business Phone:		
EmailAddress:				

<b>Additional individuals who have my permission to collect my child from the facility:</b>				
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Name:	CellPhone:	HomePhone:		
Name:	CellPhone:	HomePhone:		
Name:	CellPhone:	HomePhone:		

<b>The following individuals may NOT remove my child from the facility:</b>				
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Name:
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<b>North Phoenix Prep has my permission to administer the following to my child as needed. Please check each line.</b>				
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	Yes	No		Yes	No
Acetaminophen/Chewable 80 mg			Ibuprofen/Chewable 100 mg		
Acetaminophen/Tablet 325 mg			Ibuprofen/Tablet 200 mg		
Saltine Crackers			Benadryl		
Non-Prescription Cough Drops			Antacid (Tums)		

<b>List of all medical concerns:</b>	
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Is the student allergic to food or other substances? Please list:	
Is there any physical or medical condition that we should be aware of for this student?	
If yes, list conditions:	

*If you have answered "yes" to any of the above, please provide a written health care plan prescribed by your physician. Blank health care plans are available in the health office.*

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me. This **Emergency Information** is accurate and complete, and was provided by:

Parent/Guardian PRINTED Name:	Signed Name:	Date:
		{today.date}