

EMERGENCY INFORMATION --- HARDIN COUNTY SCHOOL DISTRICT #1

School \_\_\_\_\_  
Grade \_\_\_\_\_  
Teacher \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Place of Birth: County/State \_\_\_\_\_

Father's Name (or stepfather's) \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name (maiden) \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone # \_\_\_\_\_

No. Brothers \_\_\_\_\_ No. Sisters \_\_\_\_\_ Which bus does child ride? \_\_\_\_\_

Describe and problems concerning child that requires any special care: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

List any medications that child takes daily: \_\_\_\_\_

List any surgery, serious illness or injury child has had since last school year: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

If parents cannot be reached, list two people who will be responsible for the care of this child if injured or ill.

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

If an emergency exists, I do hereby give permission to school authorities to obtain or administer emergency care for this child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)