

## ALBION CENTRAL SCHOOL EMERGENCY INFORMATION

Please take a moment to complete the following Emergency Information form and return it to school with your child. Thank you.

A. Student Information			
Student Name			
Date of Birth		Grade Level:	
Student Home Phone			
Gender	Male	Female	
Language Spoken at Home	English	Spanish	Other
Is the student Hispanic, Latino or of Spanish Origin?	Yes, Hispanic	No, not Hispanic	
Race	American Indian or Alaska Native	Black	White Asian Native Hawaiian or other Pacific Islander
B. Address Information			
Home Address			
Home City, State, Zip			
Mailing Address (if different)			
Mailing City, State, Zip			
C. Parent Information			
Father's Name			
Father's Home Phone			
Father's Cell Phone			
Employer			
Work Phone			
Father's Address (if different)			
Mother's Name			
Mother's Home Phone			
Mother's Cell Phone			
Employer			
Work Phone			
Mother's Address (if different)			
D. Living Arrangements			
Single Parent Household?	Yes	No	
Student currently lives with?	Both Parents	Mother	Father Other _____
	Two Parents home	Sole Custody	Separated
	Single Parent	Joint Custody	Custody Transfer Foster Placement
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers.			
Guardian's Name			
Guardian's Home Phone			
Guardian's Cell Phone			
Employer			
Work Phone			
E. Emergency Contacts (IN CASE PARENTS CANNOT BE REACHED)			
Contact 1		Contact 2	
Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

**F. Medical Information**

Doctor Name	
Doctor Phone Number	
<b>Hospital of Choice</b>	
Dentist Name	
Dentist Phone Number	
<b>Allergies</b>	
Does student use an Epi-Pen?	
Medications? (Please List)	
Health Problems – List all existing medical conditions. Asthma Diabetes Hearing Frequent Infections, Hearing Aids, or Tubes -Seizures -Vision – Contacts/Glasses -Other (Describe)	
Has any health condition resulted in a medical emergency? - "	

**G. To Be Completed by the Parent/Guardian**

In case of a medical emergency, and I can not be reached, I give my child's doctor or any attending physician permission to administer medical treatment.

Yes

No

List ALL siblings living in the household. (Please include children not yet enrolled in school)

BROTHER/SISTER	DATE OF BIRTH	MALE/FEMALE	GRADE

Would you like to receive district and school updates through email? Yes No

Email address: \_\_\_\_\_

\_\_\_\_\_  
(signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

If there is additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly (589-2050).