



EMERGENCY OR ILLNESS FORM

PARENT/GUARDIAN(S) ARE RESPONSIBLE FOR ADVISING THE SCHOOL WHEN CHANGES ARE NEEDED TO THE INFORMATION PROVIDED ON THIS FORM.

STUDENT'S NAME	DATE OF BIRTH
----------------	---------------

HOME ADDRESS

PARENT/GUARDIAN 1 INFORMATION

NAME	TELEPHONE
------	-----------

EMAIL ADDRESS

PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE
---------------------	----------------------

PARENT/GUARDIAN 2 INFORMATION

NAME	TELEPHONE
------	-----------

EMAIL ADDRESS

PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE
---------------------	----------------------

IF PARENTS CANNOT BE REACHED IN CASE OF SUDDEN ILLNESS OR ACCIDENT, LIST TWO PEOPLE THE SCHOOL MAY CONTACT AND/OR WITH WHOM YOUR CHILD CAN BE LEFT IF NECESSARY.

NAME 1	NAME 2
--------	--------

ADDRESS	ADDRESS
---------	---------

TELEPHONE HOME	TELEPHONE HOME
----------------	----------------

TELEPHONE WORK	TELEPHONE WORK
----------------	----------------

MEDICAL INFORMATION – IF EMERGENCY TREATMENT IS REQUIRED AND THE PARENT/GUARDIAN(S) CANNOT BE REACHED IMMEDIATELY, THE SCHOOL AUTHORITIES WILL CALL THE DOCTOR LISTED BELOW AND, IF NOT AVAILABLE, AN ALTERNATE MEDICAL CARE RESOURCE MAY BE UTILIZED TO PROVIDE EMERGENCY CARE.

PREFERRED HOSPITAL	HOSPITAL ADDRESS
--------------------	------------------

DOCTOR TO BE NOTIFIED	DOCTOR TELEPHONE
-----------------------	------------------

DOCTOR'S ADDRESS

DENTIST TO BE NOTIFIED	DENTIST TELEPHONE
------------------------	-------------------

DENTIST'S ADDRESS

ALL KNOWN ALLERGIES	ALL REACTIONS TO DRUGS
---------------------	------------------------

--	--

--	--

DIET RESTRICTIONS	DATE OF LAST TETANUS BOOSTER
-------------------	------------------------------

IF STUDENT TAKES ANY MEDICATION ON A REGULAR BASIS, PROVIDE NAME/DOSE/FREQUENCY

--	--

PARENT/GUARDIAN 1 SIGNATURE	DATE
-----------------------------	------

PARENT/GUARDIAN 2 SIGNATURE	DATE
-----------------------------	------

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.