

STUDENT EMERGENCY INFORMATION RECORD

STUDENT'S LAST NAME		FIRST NAME		GRADE
PARENT/GUARDIAN NAME		HOME PHONE	STUDENT CELL PHONE	
HOME ADDRESS		CITY	STATE	ZIP
ALTERNATE HOME ADDRESS			PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE	
MOTHER'S EMAIL		FATHER'S EMAIL		

In case of Emergency and Parent is not available, contact:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Allergies and other medical conditions:
(Use other side of card to explain checked items.)

- Allergies
 Asthma
 Diabetes
 Other (explain on back)
 Epilepsy
 Heart Problems
 Recurring Illness

Date of Last Tetanus Shot:

STUDENT'S PHYSICIAN	PHONE
STUDENT'S DENTIST	PHONE

PARENTAL RELEASE: In the event of accident or injury to my son, _____, while attending classes or activities at The Avalon School, I authorize any representative of the school to initiate whatever prompt and reasonable medical attention may be necessary. This authorization includes permission to contract the services of medical personnel, facilities, or services warranted by the circumstances. A reasonable attempt will be made to contact parents before contracting such services, consistent with the nature of the case.

Parent Signature: _____ Date: _____