

**TMCSEA**  
**EMERGENCY FORM**

Name of Student \_\_\_\_\_ School District in Which Child Resides: \_\_\_\_\_ Date: \_\_\_\_\_

Student Disability: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Students Home Phone: \_\_\_\_\_

Students Address \_\_\_\_\_

With Whom Does the Child Reside? \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please Indicate Which Phone Number Should Be Called for Communication Purposes.

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Address if Different From Childs:: \_\_\_\_\_ Address if Different From Childs: \_\_\_\_\_

Phone if Different From Childs: \_\_\_\_\_ Phone if Different From Childs: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Child's Primary Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Specialists: \_\_\_\_\_ Phone # : \_\_\_\_\_

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

PLEASE LIST TWO OTHER RESPONSIBLE PERSONS WHO MAY BE CALLED IN CASE OF AN EMERGENCY WHEN NEITHER PARENT (GUARDIAN) OR PHYSICIAN MAY BE REACHED. IT IS PREFERRED YOU LIST PERSONS WHO COULD COME TO PICK THE CHILD UP IN CASE OF ILLNESS.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

IN CASE EMERGENCY TREATMENT IS NECESSARY AND PARENTS ARE UNABLE TO BE REACHED, I HEREBY GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED TO THE FOLLOWING HOSPITAL: \_\_\_\_\_

List student's current medications (include dose and frequency):

At home: \_\_\_\_\_

At school: \_\_\_\_\_

ALLERGIES: (PLEASE LIST OR STATE "NONE KNOWN"): \_\_\_\_\_

Does Student have ear tubes? \_\_\_\_\_ Special swimming precautions: \_\_\_\_\_

Permission to apply sun screen? (please circle) YES NO