

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: _____

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