

PETERS TOWNSHIP SCHOOL DISTRICT EMERGENCY INFORMATION

Student's Name: _____ Birthdate: _____ Grade: _____ Homeroom: _____
Last First

Please note that **home** and **cell phone** numbers will be used for the District auto-calling system for alerts and emergencies:

Mother's (Guardian) Name: _____ Father's (Guardian) Name: _____

Mother's Address: _____ Father's Address: _____

Mother's Home Phone: _____ Father's Home Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Email Address: _____ Father's Email Address: _____

Child Resides With: Both Parents Mother Father Guardian Other _____

List two local relatives/neighbors who would be available and responsible for the care of your child if you cannot be reached:

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Note any medical/behavioral/emotional problem(s): _____

Known allergies (insects, food, medications, etc.): _____

Current medications: _____

If deemed prudent for the safety of a student, an ambulance will be summoned and they will assume care. Every effort will be made to contact the parents. The school does not assume responsibility for personal insurance procedures.

This is my authorization for the Emergency Room physician to treat as necessary:

Signature: _____ Date: _____