

Parkmont School Emergency Form, 2018-2019
(please print clearly)

Student's Name: _____ **SSN:** _____ **Age:** _____ **DOB:** _____

Home Address: _____ **Home phone:** _____

Parent/Guardian #1(primary contact): _____

Employer: _____ **Workphone:** _____

Cell phone: _____ **Email:** _____

Parent/Guardian #2: _____

Employer: _____ **Workphone:** _____

Cell phone: _____ **Email:** _____

Student's Cell Phone #: _____ **St.Email:** _____

Medical Insurance Company: _____

Policy Holder: _____

Identification, Policy and/or Group Number(s): _____

Medical conditions that could require emergency care: _____

Current medications: _____

Allergies to medications: _____

Allergies to food: _____

*Parents must provide allergy and/or asthma medications to the school.

Emergency Local Area Contact #1

Name(s): _____ **Relationship to student:** _____

Work or cell phone: _____ **Home phone:** _____ **Email:** _____

Address: _____

Emergency Local Area Contact #2

Name(s): _____ **Relationship to student:** _____

Work or cell phone: _____ **Home phone:** _____ **Email:** _____

Address: _____

Emergency Contact Outside of the DC Area

Name(s): _____ **Relationship to student:** _____

Work or cell phone: _____ **Home phone:** _____ **Email:** _____

Address: _____

If needed, I would like my child to be administered: Tylenol Ibuprofen Benadryl

Contact me each time before my child is administered the medications checked above.

In the event of a medical emergency, The Parkmont School has permission to take my child to the emergency room of the nearest hospital.

Date

Signature of Parent(s) / Legal Guardian(s)