



Emergency Authorization

Student: _____ DOB: _____ School Year: 2018-2019

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Student is allergic to: _____

Parent/Guardian information: Please complete according to your household

Father/Guardian: _____

Email: _____ Phone: _____

Place of Employment: _____ Phone: _____

Mother/Guardian: _____

Email: _____ Phone: _____

Place of Employment: _____ Phone: _____

Family Doctor to call in Emergency:

(Name)

(Telephone)

(Address)

Name of person(s) authorized to call in the event of a serious illness or accident if parents cannot be reached.

(Name)

(Telephone)

(Address)

(Name)

(Telephone)

(Address)

(Name)

(Telephone)

(Address)

Parent/Legal Guardian Signature: _____ Date: _____