

EMERGENCY SHEET

PARENT NAME:

Student's Name:

Our phone numbers:

Home:

Mobile:

Our address:

Medical Insurance company

- I have given Shirley my insurance card and written permission to take my child to the doctor. I understand she will attempt to contact me first. If she cannot reach me, she has my permission to make any emergency decision or give Tylenol or other over the counter remedy for bee sting etc.

Any Special Instructions?

Mealtime:

Snacks:

Bedtime:

Allergies:

Medications:

Additional Information:

In an Emergency

Doctor:

Phone:

Neighbor:

Phone:

Relative or other :

Phone: