

Emergency Information Sheet

Room Number:	
Student's Name:	Grade:
Physical Address (No P.O. Boxes):	Home Phone:
Parent's Names:	
Mother's Work Address:	
Father's Work Address:	
Mother's Work Phone:	Father's Work Phone:

In an emergency or major disaster during school hours, my child may be released to the following persons: (THESE NAMES SHOULD BE THE SAME AS ON YOUR CHILD'S EMERGENCY CARD)

Name	Physical Address	Phone

My son/daughter needs to take the following medication:		
Medication	Dosage	Time
I <input type="checkbox"/> have <input type="checkbox"/> have not provided the school office with a supply of this medicine?		

My child may may not have Tylenol if needed during an emergency.

List allergies to medicine or foods: _____

Doctor:	Physical Address:	Phone:
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Family out-of-state telephone contact to be used in an emergency:	
Name (Outside of Alaska):	Phone (Area Code & Number):

Parent's Signature:	Date:
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Student Released to:	Date/Time:	Destination
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