

Student (Last Name Only) _____

SCHOOL DISTRICT OF ALMA
EMERGENCY FORM
Annual Registration / Medical Update
(For all Pre-K - 12 Students)

Please fill out the information and authorization below and return to school immediately.

Address _____ Home Phone # _____

Parent/Guardian 1 Cell Phone # _____

Parent/Guardian 2 Cell Phone# _____

E-Mail Address _____

Student resides with: _____ Parent 1 _____ Parent 2 _____ Parent 1 & 2 _____ Guardian

Parent/Guardian 1's Name _____ Occupation _____

Parent/Guardian 1's Employer _____ Phone _____

Parent/Guardian 2's Name _____ Occupation _____

Parent/Guardian 2's Employer _____ Phone _____

We ***must*** have the names and phone numbers of ***2 local people*** who could be reached during school hours for assistance or directives if the school is unable to reach parents:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Doctor/Clinic _____ Phone _____

Family Dentist _____ Phone _____

Please provide the name of each student in your family:

Name of Child	Grade	List all health concerns, conditions, exams, allergies, & medications taken routinely (If taken at school, contact the school office or school nurse for medication form)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any immunizations received since last school year. Type & date given _____

Do you give permission for your child to have Tylenol at school at discretion of the school health officer? Yes ____ No ____

I give the School District of Alma the authority to secure professional medical services when parent or alternate person cannot be reached or when injury is of such a nature that immediate attention is necessary.

Parent Signature _____ **Date** _____