White Pass School District **White Pass Jr. Sr. High School**

EMERGENCY INFORMATION RECORD

Legal Name of Student ________________________________ **Birthday** ______________

Family 1 ______________________________ E-mail: ______________________________
Guardian 1's Name **Legal Custody: Yes___No___**

Please number the order in which Guardian 1's phone numbers should be called:

___Cell ____________ ___Home ____________ ___Work __________ ___Message ___________

______________________________ E-mail: ______________________________
Guardian 2's Name

Please number the order in which Guardian 2's phone numbers should be called:

___Cell ____________ ___Home ____________ ___Work __________ ___Message ___________

Mailing ____________________________ City ____________ State _____ Zip ___________

Physical ____________________________ City ____________ State _____ Zip ___________

Family 2 ______________________________ E-mail: ______________________________
Guardian 1's Name **Legal Custody: Yes___No___**

Please number the order in which Guardian 1's phone numbers should be called:

___Cell ____________ ___Home ____________ ___Work __________ ___Message ___________

______________________________ E-mail: ______________________________
Guardian 2's Name

Please number the order in which Guardian 2's phone numbers should be called:

___Cell ____________ ___Home ____________ ___Work __________ ___Message ___________

Mailing ____________________________ City ____________ State _____ Zip ___________

Physical ____________________________ City ____________ State _____ Zip ___________

IN CASE OF EMERGENCY AND PARENT/GUARDIAN IS NOT AVAILABLE, PLEASE CONTACT:

Please list the emergency contacts in the order you want them to be contacted.

Name: ____________________________ Home ____________ Cell/Work ____________

Name: ____________________________ Home ____________ Cell/Work ____________

Name: ____________________________ Home ____________ Cell/Work ____________

Name: ____________________________ Home ____________ Cell/Work ____________

Name: ____________________________ Home ____________ Cell/Work ____________

PLEASE CONTINUE FILLING FORM OUT ON THE OTHER SIDE.

EMERGENCY INFORMATION CONTINUED

Student's name____ Date______________________

Student's Physician___________________________________ Phone ____________________

Hospital where student should be taken if parent or physician is unavailable:

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AGREEMENT AND CONSENT FOR TREATMENT AND EMERGENCY TRANSPORT:

Should my child require medical treatment, transportation or hospitalization for any accident or illness during school or while participating in a school activity, the attending physician, emergency medical technician or hospital is authorized to release diagnostic and treatment information as may be needed to complete any insurance claim.

In addition, this is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines (and surgical treatment) and the administration of any anesthetic which in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my son or daughter.

Signature of parent/guardian______________________________________

PLEASE LIST ALLERGIES AND OTHER MEDICAL CONDITIONS:

Allergies: Plants ____ Foods ____ Bees or Insects ____ Drugs ____ Animals ____ Other ____________

Describe the reaction: ____

Name of Medication needed for the allergy: ____

Other medical conditions: ____

Name of Medication needed for conditions: ____

List any medications needed at school***: ____

*** Please complete the Authorization for Administration of Medication at School form, also.

Additional Comments: ____

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