A+ PROGRAM EMERGENCY FORM

(This form needs to be completed every school year.)

Father's ID No. _____

Mother's ID No. _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M ❑ F ❑ Birthdate ☐☐/☐☐/☐☐☐☐
(Last) (First) (Middle Initial) Month Day Year

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father/ Legal Guardian's Name _____	Mother/ Legal Guardian's Name _____
Employer _____	Employer _____
Home Phone _____ Bus. Phone _____	Home Phone _____ Bus. Phone _____
Cellular Phone _____	Cellular Phone _____
E-mail Address _____	E-mail Address _____

EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

_____
Parent/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: ❑ Yes ❑ No If YES, check: ❑ QUEST ❑ Medicaid **OR** ❑ Private
If private, check your plan: ❑ HMSA ❑ Kaiser ❑ Tri-Care ❑ Other

- My child receives regular care for the following medical conditions:
  - ❑ No medical condition
  - ❑ Yes. **Please check below:**
    - ❑ Asthma ❑ Chronic Cough/Wheezing ❑ Heart Disease ❑ JRA Arthritis ❑ Sickle Cell Anemia
    - ❑ Behavioral Problems ❑ Diabetes ❑ Hemophilia ❑ Rheumatic Heart ❑ Skin Problems
    - ❑ Cancer/Leukemia ❑ Hearing Problems ❑ Hypertension ❑ Seizures ❑ Vision Problems
    - ❑ **Allergies:** ❑ Bee Sting ❑ Food ❑ Medications ❑ Other _____
      Date and type of last reaction _____
    - ❑ Other Health Concerns: _____
  - ❑ Takes medications (LIST) _____

- Other children in the household:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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