

CONFIDENTIAL EMERGENCY HEALTH INFORMATION

NAME: _____ DOB: _____

ALERT TO PARENTS: If your child has a serious medical condition, *it is vital that we know about it.*

In order to provide a safe, healthy environment for your child, this information will be accessible to Mrs. Tice and Mrs. Acampora and, if necessary, emergency medical personnel.

Please list any health conditions that apply to your child below. For example: asthma, nut/insect allergies, diabetes, seizure disorder, and any condition that requires medication.

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Mother

Father

Parents Names: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

The student lives with: Mother _____ Father _____ Both Parents _____

Other: (name) _____

In the event a parent cannot be reached, please contact:

NAME: _____ Home Phone: _____ Cell Phone: _____

Name of persons who may pick up a child from rehearsals (other than parent): _____

Signature of Parent/Guardian: _____ Date: _____