

SOMERSWORTH HIGH SCHOOL AND CAREER TECHNICAL CENTER
EMERGENCY INFORMATION CARD

Student's Name _____ DOB _____ GRADE _____
Last First Middle

Street address _____ Home Telephone # _____

City _____ Father's Cell phone # _____ Mother's Cell # _____

Father's Name _____ Father's work tel. # _____

Father's work place _____ Mother's work place _____

Mother's Name _____ Mother's work tel. # _____

Child resides with Both Mother only Father only other

Name and grade of other children attending any Somersworth School

1. Name _____ Grade _____

2. Name _____ Grade _____

3. Name _____ Grade _____

List any allergies, asthma, or medical conditions that could interfere with a normal school program including academic achievement, Physical education or field trips. Please be specific: _____

List any medication that your child is on at home or at school: _____

In Case of emergency, if you can not be reached, whom do you want called?

1st Choice name _____ phone # _____

2nd Choice name _____ phone # _____

Your local Doctor is: _____ phone # _____

1. Your signature validates permission in case of an emergency to transport your child via ambulance.
2. Your signature validates permission for the school nurse, or designee, to administer emergency treatment (Adrenaline) for Anaphylaxis, (a life threatening allergic reaction)
3. Your signature validates permission to share pertinent medical information with staff.
4. Your signature validates permission to receive immunization records from your doctor.

Parent / Gaurdian Signature: _____ Date: _____