ALBION CENTRAL SCHOOL EMERGENCY INFORMATION

Please take a moment to complete the following Emergency Information form and return it to school with your child. Thank you.

A. Student Information	
Student Name	
Date of Birth	Grade Level:
Student Home Phone	
Gender	☐ Male ☐ Female
Language Spoken at Home	☐ English ☐ Spanish ☐ Other
Is the student Hispanic, Latino or of Spanish Origin?	Yes, ☐ Hispanic ☐ No, not Hispanic
Race	☐ American Indian or Alaska Native ☐ Black ☐ White ☐ Asian ☐ Native Hawaiian or other Pacific slander

B. Address Information
Home Address
Home City, State, Zip
Mailing Address (if different)
Mailing City, State, Zip

C. Parent Information
Father's Name
Father's Home Phone
Father's Cell Phone
Employer
Work Phone
Father's Address (if different)
Mother's Name
Mother's Home Phone
Mother's Cell Phone
Employer
Work Phone
Mother's Address (if different)

D. Living Arrangements
Single Parent Household? ☐ Yes ☐ No
Student currently lives with? ☐ Both Parents ☐ Mother ☐ Father Other _____ __ ☐ Two Parents home ☐ Sole Custody ☐ Separated ☐ Single Parent ☐ Joint Custody ☐ Custody Transfer ☐ Foster Placement
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers.
Guardian's Name
Guardian's Home Phone
Guardian's Cell Phone
Employer
Work Phone

E. Emergency Contacts (IN CASE PARENTS CANNOT BE REACHED)

Contact 1		Contact 2	
Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

F. Medical Information	
Doctor Name	
Doctor Phone Number	
Hospital of Choice	
Dentist Name	
Dentist Phone Number	
Allergies	
Does student use an Epi-Pen?	
Medications? (Please List)	
Health Problems – #ÈÅÃË all existing medical conditions. Asthma ☐ Diabetes ☐ Hearing ☐ Frequent Infections, ☐ Hearing Aids, or Tubes ☐ -Seizures ☐ -Vision – Contacts/Glasses ☐ -Other (Describe) ☐	
Has any health condition resulted in a medical emergency? 9Å0 ☐ . Ï ☐	

G. To Be Completed by the Parent/Guardian

In case of a medical emergency, and I can not be reached, I give my child's doctor or any attending physician permission to administer medical treatment.

☐ Yes ☐ No

List ALL siblings living in the household. (Please include children not yet enrolled in school)

BROTHER/SISTER	DATE OF BIRTH	MALE/FEMALE	GRADE

Would you like to receive district and school updates through email? ☐ Yes ☐ No

Email address: _____ _____

_____ _____

(signature of Parent/Guardian) (Date)

If there is additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly (589-2050).