

EMERGENCY PROCEDURE FORM 20__ - 20__

FAMILY NAME _____

Student _____ Grade ____ Phone _____

Student _____ Grade ____

Address _____

IN CASE OF EMERGENCY OR EARLY DISMISSAL, PLEASE INDICATE WHO IS TO BE NOTIFIED
IN PRIORITY ORDER. **(Please list on back of form those authorized to check out your child.)**

() Mother _____ Phone _____ Cell _____

() Father _____ Phone _____ Cell _____

() Grandparent _____ Phone _____ Cell _____

() Grandparent _____ Phone _____ Cell _____

() Physician _____ Phone _____

() Hospital _____ Phone _____

() Other desired procedure _____

E-mail Address _____

Important Numbers _____

Allergies _____ Chronic Conditions _____

May give () Tylenol () Benadryl () Sudafed () Other _____ Child _____

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ADDITIONAL INFORMATION

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

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PLEASE MAKE SURE THE FRONT IS MARKED FOR DISPENSING OF MEDICATION

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