

Emergency Information

Student Last Name	Student First Name	Birthdate	Gender	Allergies
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Diagnosis				
Special Health Concerns (List all health concerns as seizures, asthma, etc.)				
Complete Medications List Include all medication given daily at home and/or school. Use space provided, back of form, or attaches a complete list to this form.		School:		
		Home:		
Home/Residential Facility Address				
School District #		School District Phone Number		
School Bus / Cab Company Name		School Bus / Cab Company Phone Number		
Physician Name	Physician Address		Physician Phone and Fax Number	
Parent/Guardian Name	Parent/Guardian Phone Number	Relationship to Student		
		<input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Mother		
Emergency Contact Person Name		Phone Number	Relationship to Student	
1				
2				

Emergency Plan - In case if illness, injury, or emergency situation

1. We will contact a parent/guardian at designated number.
2. If unable to reach parent/guardian, the emergency contact will be called.
3. If needed we will call 911. In instances where medical attention is needed without delay, parent/guardian will be called after emergency personnel have been notified. The student's family will be financially responsible for the emergency transportation and care.

If you do not wish to have the above plan followed, an alternative plan must be submitted to the Marklund Day School Health Office in writing.

If there is any change in the above information, it is the responsibility of the parent/guardian to notify Marklund Day School Health Office and fill out a new form. Your signature below gives permission to share health concerns with the appropriate staff for your student safety and to secure emergency care for your student at an appropriate emergency facility.

Parent/Guardian Signature _____ Print Name _____ Date _____

Email address _____