

PRINT & PRESS FIRMLY

O'DEA HIGH SCHOOL STUDENT EMERGENCY INFORMATION & DISASTER FORM

Student Last Name First MI Date of Birth Student lives with
Student Address City Zip Home Phone Unlisted

Parent/Guardian Name Parent/Guardian Name
() () () ()
Parent/Guardian Home Phone Cell Phone Parent/Guardian Home Phone Cell Phone
() ()
Parent/Guardian Work Phone Parent/Guardian Work Phone

Emergency Contact Name (Relationship) Home Phone Cell Phone
Physician Phone Address City Zip

Medical Insurance Company Group Number Hospital Preference

Current Medications:
Name of Medication Dosage Taken for
Name of Medication Dosage Taken for

Food Allergies Drug Allergies Other Allergies

Date of last Tetanus shot: Poor Eyesight Poor Hearing Diabetes Epilepsy

RELEASE: I hereby authorize the school to have a doctor provide emergency treatment in the event I cannot be reached.

Parent/Guardian Signature Parent/Guardian Signature

MEDICAL

If I/we are unable to pick up our child, I/we designate the following two people to whom my child may be released in case of emergency:

Name Home Phone Pager/Cell Phone
Name Home Phone Pager/Cell Phone

Release Statement: I authorize release of my son to any adult with whom he feels comfortable. Circle one: **Yes** **No**

Please send to school at least three full day's dosage of each medicine and include a letter from your physician giving the principal or designee permission to administer this medicine in the time of an emergency.

Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Name: Phone ()

For School Use Only

The Student was released to By

Date: Time: (AM) (PM) Destination:

DISASTER