

LUZERNE INTERMEDIATE UNIT 18
Emergency Information Form
This form must be completely filled out

Student's Name _____ Date of Birth _____
 Address _____ Home Phone _____
 Father's Name _____
 Father's Place of Employment _____ Work Phone _____
 Mother's Name _____
 Mother's Place of Employment _____ Work Phone _____
 Student's Caseworker _____
 Agency _____ Agency Phone _____
 School _____ School Phone _____
 Classroom Teacher _____ Grade _____

List of medications your child is taking daily

List any problems you feel should be known by the teacher such as allergies, seizures, chronic illnesses, bowel problems, breathing problems, or any other problems:

Medical Insurance _____

Car Insurance _____ Agent _____

In case of an emergency and I am not available, I have made arrangements with the person listed below to care for my child:

Name _____ Relationship _____

Address _____ Phone _____

In case of a serious accident and none of the above can be contacted, you may call my doctor:

Doctor's Name _____ Phone _____

In case of an accident, and when other contacts listed on the emergency information form cannot be reached, the Luzerne Intermediate Unit, attending physician, or the hospital is authorized to act in my behalf so that procedures/treatment can be administered to my child. I will assume the responsibility for payment of the ambulance and the emergency services involved in the care of my child.

Signature of Parent / Legal Guardian

Date