

**LUZERNE INTERMEDIATE UNIT 18  
EMERGENCY INFORMATION FORM**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Father's Place of Employment \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Mother's Place of Employment \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Student's Caseworker \_\_\_\_\_  
 Agency \_\_\_\_\_ Agency Phone \_\_\_\_\_  
 Classroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Please list all of the medications including dosages your child takes DAILY (at home or at school)

List any problems you feel the teacher and nurse should know about: **ALLERGIES, SEIZURES, CHRONIC ILLNESS, DIABETES, BOWEL PROBLEMS, BREATHING PROBLEMS, SHUNT, ANY OTHER PROBLEMS**

Medical Insurance \_\_\_\_\_

In case of emergency and I am not available, I have made arrangements with the following people to care for my child.  
**MUST BE AVAILABLE TO PICK UP YOUR CHILD**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

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

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_