

**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 _____