



KIRBY-SMITH MIDDLE SCHOOL

EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade: <input type="checkbox"/> 7 <input type="checkbox"/> 8
Address:					

PARENT/GUARDIAN CONTACT INFORMATION					
This form is to be completed by the This form is to be completed by the custodial parent(s) who enrolled the student into Kirby-Smith Middle School.					
Last:	First:	Middle:	Home:	Telephone	
Address:			Apt:		
City:			State:		Zip:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		Language:		E-mail:	

Last:	First:	Middle:	Home:	Telephone	
Address:			Apt:		
City:			State:		Zip:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		Language:		E-mail:	

OTHER CONTACT INFORMATION			
Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency.			
Name of Person	Relationship	Language	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT MEDICAL CONDITIONS
List any medical conditions: _____ _____
Allergies: _____
Medications: _____

PHYSICIAN INFORMATION
Primary Care Physician: _____ Clinic: _____ Telephone: _____
Insurance Co: _____
Group #: _____
Policy #: _____

MEDICAL AUTHORIZATION: As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

Parent Signature

Date

Parent Signature

Date