Freeburg C.C.S.D #70 Emergency Procedure Information

Student's Name					
	Las	st	First	Middle	
Grade	Birtl	n Date			
		Phone			
,	Street	City	Zip		
Name of Father/Guardian			Cell Phone		
Place of Employment			Work Phone		
Name of Mother/Guardian			Cell Phone		
Place of Employment			Work Phone		
If Parents Canno	t Be Reach	ed, Call:			
1			Phone		
2				Phone	
Number of Broth	ners and Sis	ters in This Sc	ehool	Grades	
Doctor Choice			Phone		
Dentist Choice		Phone			
Insurance Carrie	r				
Policy Number			Medicaid Number		
Special Health C	onditions, l	If Any			
school authorities, school authorities aware that you are Is either parent/g	immediate in to send your responsible quardian a n	medical and/or he child (properly for any charges member of a br	nospital attention is accompanied) to a incurred. YES	mergency and, if in the judgment of the indicated, do you authorize responsible n available hospital or physician, being NO	
DATE SIGNAT		GNATURE OF P	TURE OF PARENT OR GUARDIAN		