

REDFORD UNION SCHOOLS, DISTRICT 7
STUDENT EMERGENCY INFORMATION

Student Legal Last Name	First Name	Middle Initial	Primary Phone Number
House Number	Street Name	Apt. #	City
Birthdate	School	Teacher	Grade

PRIMARY CONTACT INFORMATION
INFORMATION OF PARENT(S) / LEGAL GUARDIAN(S) LIVING WITH STUDENT

Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home #: _____	Home #: _____
Cell #: _____	Cell #: _____
Work #: _____	Work #: _____
E-mail address: _____	E-mail address: _____
Text Messages can be received: YES___ NO___	Text Messages can be received: YES___ NO___

EMERGENCY CONTACT(S)

Parent hereby gives permission for student to be released to the following, IF parent cannot be reached

Contact #1: _____	Contact #2: _____
Relationship to Student: _____	Relationship to Student: _____
Home #: _____	Home #: _____
Cell #: _____	Cell #: _____
Work #: _____	Work #: _____

List name (s) of all children in family and school (s) they attend (Including Pre-School/Parochials/Academies etc.)

Name	Name of School
Name	Name of School
Name	Name of School

HEALTH INFORMATION

Family Doctor: _____ City: _____ Phone: _____

Name of Health Insurance Carrier: _____

Health Conditions: ☐ None ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Heart Problems ☐ Allergies ☐ Vision/Hearing

Other (Explain) _____

Medications: None 1. _____ 2. _____ 3. _____

Physician Authorization required if medication is administered at school

Health information provided on this form and information submitted on Physical Health Appraisals may be shared with school personnel who are involved with the health and safety of my child.

If school personnel are unable to reach me or a person which I have designated, I hereby authorize them to secure emergency medical treatment as necessary. I agree to pay all expenses incurred by the emergency care.

Parent/Guardian Signature: _____ Date: _____