

East Aurora Schools

Student Emergency Information Form

Please check the school that your child attends:

- East Aurora High School
 East Aurora Middle School
 Parkdale Elementary School

1. Please complete this form, and be sure to sign and date it.
2. For each contact, indicate the order in which they should be called in the event of an emergency by numbering the appropriate Call Order spaces from 1 up to 5.
3. **Return the completed form to your child's school office.**

STUDENT:

GRADE:

Home Phone: _____ Home Addr: _____

Date of Birth: _____ Gender: ___ Mail Addr: _____

CONTACT 1 - A parent or guardian Residing With The Student

Name: _____ Relationship: _____ Call Order (1-5): _____
RESIDES WITH STUDENT

Email: _____ Phone (Work): _____ Phone (Cell): _____

CONTACT 2 - A parent or guardian Residing With The Student

Name: _____ Relationship: _____ Call Order (1-5): _____
RESIDES WITH STUDENT

Email: _____ Phone (Work): _____ Phone (Cell): _____

CONTACT 3 - If appropriate, a parent or guardian not residing with the student

Name: _____ Relationship: _____ Email: _____

Mailing Address: _____ Receive Mail?: ___ Joint Custody?: ___

Phone - Home: _____ Work: _____ Cell: _____ Call Order (1-5): _____

CONTACT 4 - Emergency Contact

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____ Call Order (1-5): _____

CONTACT 5 - Emergency Contact

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____ Call Order (1-5): _____

I, the undersigned, do hereby authorize officials of the East Aurora School District to contact directly the persons named on this form in the event of an emergency.

Signature of parent/guardian

Date

*** Please complete the Medical Info Form on the Reverse ***

Revised May 2012

East Aurora Schools Student Medical Information Form

Please check the school that your child attends:

- East Aurora High School
 East Aurora Middle School
 Parkdale Elementary School

Please complete this form and return with the completed Student Emergency Information Form to your child's school office.

The school district is mandated to collect this information annually to update your child's health history. This form will be kept confidentially in the school Health Office.

STUDENT:

DOB:

GRADE:

Physician's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

Please indicate any special medical considerations/information or emergency instructions which the school should be aware of:

(examples: seizure disorder, asthma, allergies, diabetes, heart conditions, chronic illness)

Medications (taken regularly): _____

Glasses Hearing Aid Orthodontic appliance

Please record any injury, illness, operation, hospitalization or medical test(s) your child had during the past year (include dates)

I give my permission to share the above information with staff members on a need-to-know basis.

I, the undersigned, do hereby authorize officials of the East Aurora School District to contact the named physician to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that the physician or parents cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of parent/guardian

Date

*** Please complete the Emergency Info Form on the Reverse ***

Revised August 2011