

EMERGENCY INFORMATION 2017-2018

Please complete one form per student.

Information For Grade 9 10 11 12 Please Circle Year	<u>CONFIDENTIAL</u>	TRI-CITIES PREP 9612 St. Thomas Drive Tri-Cities, WA 99301
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GENERAL INFORMATION

Student's Name _____ Birthdate _____
Address _____ Zip _____
Mother/stepmother/Guardian _____ Phone () _____
Employer _____ Work () _____
Father/stepfather/Guardian _____ Phone () _____
Employer _____ Work () _____
Cellular Number Mother _____ Father _____ Pager _____
Custodial Parent (with whom does the student reside?) _____

EMERGENCY CONTACTS (When parents/guardians are not available)

Name _____ Relationship _____ Phone () _____
Work () _____
Name _____ Relationship _____ Phone () _____
Work () _____

PHYSICIAN/HOSPITAL PREFERENCE

Physician _____ Phone () _____

PERSONAL DATA You would like the school to be aware of:

Poor Eyesight _____ Poor Hearing _____ Epilepsy _____ Migraines _____ Diabetes _____
Drug Allergies _____ Blood Type _____ Other _____

List any medications taken on a regular basis _____

The following are special circumstances regarding my child you should be aware of _____

Identify activities that your child should not participate in:

If there is a frequent problem, is there one particular course of treatment you recommend?

In the event of an emergency, and you were unable to be reached, do you authorize school authorities to procure/provide emergency aid for your child? _____

If not, how should school proceed?

MEDICAL INSURANCE INFORMATION

Medical Insurance Company

Policy/Group Number _____ Subscriber Number _____

Name _____ Relationship _____

Signature _____ Date _____