

List any special physical and medical conditions that might be important in an emergency situation such as allergies, diabetes, contact lenses, medication, that will be kept in the school office or that are contained in this pack:

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What could staff do for your child in an emergency situation that would be the most comforting and supporting?

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Doctor: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Other information you would like to pass on to emergency workers:

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**Student Name** \_\_\_\_\_

Grade: \_\_\_\_\_

Parents Names:

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Work Phones:

( ) \_\_\_\_\_  
( ) \_\_\_\_\_

Cell #'s: Mom: ( ) \_\_\_\_\_

Dad: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Home Address:

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Local Emergency Contact:

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relative or other contact outside the Puget Sound area:

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

Brothers/Sisters

Age/ Grade:

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