

CHEBOYGAN-OTSEGO-PRESQUE ISLE EDUCATIONAL SERVICE DISTRICT
Student Emergency Information

Student Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

Where can parents be reached if not at home?

Mother: _____ Telephone: _____

Father: _____ Telephone: _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

Medication (Home & School): _____

Allergies: _____ Yes _____ No If yes, list: _____

Seizures: _____ Yes _____ No

Child's physician or health clinic: _____

Address: _____

Telephone: _____ Office Hours: _____

Health Insurance Policy Name and Number: _____

Person responsible for billing purposes: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Parent/Guardian Signature

Date