



EMERGENCY INFORMATION – NCA Student

2011-2012 School Year

(Please fill out completely, i.e., if your student has no allergies write "none" in the space provided.)

Pupil's LEGAL Name: Last _____ First _____ M.I. _____ Gender: M F

Birth Date: _____ Nickname: _____ Grade in School: _____

Mother's Full Name: _____ Home Phone: (____) _____ Cell/Pager: (____) _____

Address: _____ Work Phone: (____) _____

City: _____ Zip: _____

Father's Full Name: _____ Home Phone: (____) _____ Cell/Pager: (____) _____

Address: _____ Work Phone: (____) _____

Child resides with: both parents mother only father only other/specify _____

Legal Guardian: _____

Emergency contact: _____ Relationship: _____ Phone: (____) _____

Emergency contact: _____ Relationship: _____ Phone: (____) _____

Physician's Name: _____ Phone: (____) _____

Dentist's Name: _____ Phone: (____) _____

List any medical problems: _____ Allergies: _____

Medications@Home(Name/Time/Amount) _____

Medications@School(Name/Time/Amount) _____

Special Instructions: _____ Medication Allergies _____

Language spoken in home if other than English: _____

If neither parent can be contacted in case of serious injury or illness, I authored the school to take such emergency action as may be Deemed necessary, including transportation to a hospital or medical center.

Signature of Parent or Guardian

Date

List other Children, grades and schools: _____

STUDENT INFORMATION CONTINUED

Pupil's LEGAL Name: Last _____ First _____

Birth Date: _____

Presently seeing a **therapist** (outside of school)? _____ YES _____ NO

If "yes" please specify the following:

Name of therapist: _____

Address of therapist: _____

Phone number: _____

Do we have permission to contact this therapist? _____ YES _____ NO

If "yes" please complete a Release of Information form.

Presently seeing a **psychiatrist** (outside of school)? _____ YES _____ NO

If "yes" please specify the following:

Name of psychiatrist: _____

Address of psychiatrist: _____

Phone number: _____

Do we have permission to contact this psychiatrist? _____ YES _____ NO

If "yes" please complete a Release of Information form.

Presently involved in the courts? _____ YES _____ NO

Presently involved with a probation officer? _____ YES _____ NO

If "yes" please list the probation officer's name: _____

Phone number: _____

INSURANCE INFORMATION:

Name of Insurance Company: _____ Phone Number: _____

Address of Company: _____

Policy Holder's Name: _____ Birth Date: _____ S.S.# _____

Group/Policy Number: _____ Employer: _____