

# 2009 SANFORD SCHOOL SUMMER SESSION EMERGENCY INFORMATION

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate phone number(s) \_\_\_\_\_

**IF PARENT OR GUARDIAN IS NOT IMMEDIATELY AVAILABLE IN EMERGENCY, CONTACT:**

\*Friend or Relative \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

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

\*(PLEASE MAKE SURE THESE INDIVIDUALS ARE AWARE OF THIS ARRANGEMENT)

**Please list any drug sensitivities or allergies for which your child may need attention:**

\_\_\_\_\_

Does student wear:

Glasses Yes \_\_\_ No \_\_\_ Contacts Yes \_\_\_ No \_\_\_ Braces Yes \_\_\_ No \_\_\_ Retainers Yes \_\_\_ No \_\_\_

***Please check the following medication the student can receive***

\_\_\_ Aspirin      \_\_\_ Tylenol      \_\_\_ Pepto Bismol      \_\_\_ Benedryl      \_\_\_ Neosporin Ointment

Remarks \_\_\_\_\_

In case of emergency or at the request of the school administrator, my son/daughter may be given emergency treatment or be taken to the hospital mentioned above or other appropriate treatment facility. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**This form must be filled out and returned before registration can be completed.  
A new form must be filled out each year.**