



EMERGENCY MEDICAL INFORMATION FORM

Parent or Guardian: Please type or print all information on form below.

Student's Name _____ Age _____ DOB _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Business Phone _____

If not available in an emergency, notify:

1. _____ Address: _____
(Name and Relationship)

Home Phone _____ Business Phone _____

2. _____ Address: _____
(Name and Relationship)

Home Phone _____ Business Phone _____

Medical Insurance Company _____ Policy/Group # _____

Is Student Taking Any Medication? _____ What? _____ Dosage _____

** Allergies? (please specify) _____

Date of last tetanus booster? _____ Date of last physical exam? _____

Status of Polio _____ MMR _____

Has your child had any serious illness? _____

Is there anything about your child that you would like the SMARTS teachers to be aware of?

Parent/Guardian Signature _____ Date _____

**** If your child will be taking medication during the program please contact the office for additional medical forms.**