

**BENTON SCHOOL DISTRICT  
EMERGENCY INFORMATION  
CURRENT SCHOOL YEAR: \_\_\_\_\_**

Dear Parent(s):

Ex: 2020-21

All students are required to have an emergency form on file. Please complete and return this form promptly. **Also, please notify us of any changes in the information as it occurs.** THIS FORM IS TO BE COMPLETED BY A PARENT.

**CHILD'S LEGAL NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **GRADE** \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

E-mail Address \_\_\_\_\_ (Notes (i.e. call first) \_\_\_\_\_)

FATHER'S NAME \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

E-mail Address \_\_\_\_\_ (Notes (i.e. call first) \_\_\_\_\_)

PARENT'S MARITAL STATUS (Check One) SINGLE MARRIED DIVORCED SEPARATED WIDOW  
IF DIVORCED/SEPARATED, WITH WHOM DOES THE CHILD RESIDE? \_\_\_\_\_

If you cannot be reached, please contact: (**Please list at least TWO people**):

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Address \_\_\_\_\_

If no one can be reached immediately, does the school have permission to take your child to the nearest medical facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate the plan the school should follow: \_\_\_\_\_

{Please note, that in true life-threatening emergency, EMS or EMT personnel take individuals to the closest facility to provide the most rapid intervention possible}

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If physician is unavailable, may school call an alternate physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any unusual health conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check and **DESCRIBE**: Diabetes \_\_\_\_\_ Heart \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Seizures \_\_\_\_\_

Other \_\_\_\_\_

(1<sup>st</sup>-6<sup>th</sup> only) - Does your child have permission to participate in the fluoride mouth rinse program? This is a weekly one minute mouth rinse that compliments good oral hygiene practices at home for the prevention of tooth decay. Yes, they will participate this year \_\_\_\_\_ No, they will not participate this year \_\_\_\_\_

Does your child take medication regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name medication and dosage \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_