

BENTON SCHOOL DISTRICT
EMERGENCY INFORMATION 2023-2024

Dear Parent(s):

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 _____
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MOTHER'S NAME _____	HOME/CELL PHONE # _____
ADDRESS _____	
PLACE OF EMPLOYMENT _____	WORK PHONE # _____
E-mail Address _____ (Notes (i.e. call first) _____)	

FATHER'S NAME _____	HOME/CELL PHONE # _____
ADDRESS _____	
PLACE OF EMPLOYMENT _____	WORK PHONE # _____
E-mail Address _____ (Notes (i.e. call first) _____)	

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

If you cannot be reached, please contact: (<u>Please list at least TWO people</u>):		
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 <u>DESCRIBE</u> : Diabetes _____ Heart _____ Allergies _____ Asthma _____ Seizures _____	
Other _____	
Does your child take medication regularly? Yes _____ No _____	
If yes, please name medication and dosage _____	

Parent's Signature _____

Date _____