

BENTON SCHOOL DISTRICT
EMERGENCY INFORMATION 2017-2018

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 _____

MOTHER'S NAME _____ HOME PHONE # _____

ADDRESS _____

WORK PHONE # _____ PLACE OF EMPLOYMENT _____

CELL PHONE # _____ E-mail Address _____

FATHER'S NAME _____ HOME PHONE # _____

ADDRESS _____

WORK PHONE # _____ PLACE OF EMPLOYMENT _____

CELL PHONE # _____ E-mail Address _____

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: **(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 _____

(1st-6th 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 _____