

**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 _____
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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? _____
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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 st -6 th 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 _____