BENTON SCHOOL DISTRICT
EMERGENCY INFORMATION 2024-2025

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/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: (**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_____
_____

Does your child take medication regularly? Yes_____ No_____
If yes, please name medication and dosage_____

Parent's Signature_____

Date _____