

**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 _____

(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 _____