

**WILDWOOD CREST SCHOOL DISTRICT
EMERGENCY FORM**

Name: _____ Grade: _____ Homeroom: _____

Address: _____ City: _____ State: _____ Zip: _____

To Parent/Guardian: In order to serve your child in case of an accident or sudden illness, it is necessary that you give the following information for Emergency Calls.

Parent/Guardian	Cell Phone	Work Phone	Email Address
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Parent/Guardian	Cell Phone	Work Phone	Email Address
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Emergency Contacts:

(1) _____	_____	_____
Name	Relationship	Phone
(2) _____	_____	_____
Name	Relationship	Phone
(3) _____	_____	_____
Name	Relationship	Phone

Please list names and the relationship of those who can pick up your child from school:

Please list anyone that is restricted from picking up your child:

Please explain any **CURRENT** or **PAST** medical conditions, or **ALLERGIES**:

Please list any medications taken daily:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

The school nurse ___ MAY ___ MAY NOT share the above information with staff members to ensure the safety of my child.

Parent/Guardian Signature

Date