

**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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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.

May the child be photographed or has his or her name published by the school media? ___ YES ___ No

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature

Date

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Please list any medications taken daily:

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