

**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

Parent/Guardian Cell Phone Work Phone

Emergency Contacts:

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

Please check if the student has any of the following conditions:

___ Heart Condition	___ Nosebleeds	___ Asthma	___ Contacts
___ Diabetes	___ Hearing Problem	___ Glasses	
___ Allergies	___ Seizures	___ Other: _____	

Please explain any medical conditions checked above:

Please list any medications taken daily:

___ No, my child has not had any surgeries.

___ Yes, my child has had surgery/surgeries. Type of surgery: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

May the student be photographed or have his or her name published by the school media? Yes No

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

The school social worker/school psychologist ___ MAY ___ MAY NOT meet with students on an as needed basis.

Parent/Guardian Signature

Date