

**The Center for Learning Differences
Emergency and Health Information**

Student's Name _____ Date of Birth _____

Grade _____ Teacher _____

Home Address _____

Home Phone _____ Email Address _____

Father's Name _____

Business Phone _____ Cell Phone _____

Mother's Name _____

Business Phone _____ Cell Phone _____

Name of a relative or a friend who can be contacted in case of an emergency if parents cannot be reached: _____

Home Phone _____ Cell Phone _____

Family Physician _____

Address _____ Phone _____

Unusual Health Conditions: No ___ Yes ___ Explain: _____

Allergies: No ___ Yes ___ If yes, name kind _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby authorize The Center for Learning Differences at Wilmer Hall to obtain emergency medical care for my child if it is needed and if the parent or guardian cannot be contacted.

Date _____ Parent Signature _____

Preferred Hospital _____

Please fill in each blank carefully as this information may be of great importance to you and your child. It is imperative that this information be current. It is the responsibility of the parent to keep the school informed of any changes in the above information.

