

O'Rourke MS 2015-2016 Student Emergency Information Update

Student Name _____ ID# _____ Grade in 2015-2016 _____

In case of emergency, please list two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

Emergency Contact 1	
Telephone Number(s)	
Relation to Child	
Emergency Contact 2	
Telephone Number(s)	
Relation to Child	

Add Additional Emergency Contacts if needed.

Brothers and Sisters (Grade/school attending)

I have verified and made all necessary changes to the information.

Parent/Guardian Signature:

Health Information 2015-2016

List any health conditions such as heart problems, diabetes, epilepsy, severe allergies, eye or ear problems, chronic conditions or any new health problems and medications taken at home. **Please be aware that any information on this form may be shared with other BHBL staff members on a need to know basis.** If you need to discuss any of your child's health issues, please contact our school nurse at 399-9141, ext. 84035.

Doctor's Name _____ Doctor's Phone Number _____

Dentist's Name _____ Dentist's Phone Number _____