

Comfort Kit: **STUDENT EMERGENCY FORM**



 Student's Surname 1st Name Middle Name

 Birthday MM/DD/YYYY Grade Teacher

 Street Address City Postal Code Phone #

Resides with: Both Parents Mother only Father only Other (guardian)

Parent/Guardian Name: _____ Home # _____
 Cel # _____ Work # _____

Parent/Guardian Name: _____ Home # _____
 Cel # _____ Work # _____

Medical Alert: _____ **Care Card #** _____

My child has an EpiPen and he/she wears it around their waste: Yes No Not applicable

Allergies: _____
 (Foods & Drugs)

Medications & Dosages:

Are any of your child's medications located at the school? Yes No Not applicable

Emergency Contacts:

Name	Relationship to the Child	Phone #	Alternate Phone #

My child should not be released to:

 Name Relationship to the Child

Included with this form...

1. Fill in the form (include a photo of your child) and return it in a small Zip Lock Bag.
2. Include 1 or 2 SMALL comfort items in the Zip Lock Bag (family photo, a small toy, letter, NO food/snacks).