

**Emergency Information**

**School District 154  
Thornton, Illinois**

**Date:** \_\_\_\_\_

Please complete one emergency information sheet per family.

Family Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

**LIST THE NAMES OF TWO PEOPLE WHO WOULD CARE FOR YOUR CHILD/CHILDREN IN CASE OF ILLNESS OR AN EVACUATION OF THE SCHOOL.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child taking any medications on a regular basis? YES / NO

Child's Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Does your child have any known allergies? YES / NO

Child's Name: \_\_\_\_\_ Type: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Type: \_\_\_\_\_

Does your child have any known health problems?

Child's Name: \_\_\_\_\_ Please Explain: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Please Explain: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_