

EMERGENCY INFORMATION

AGAWAM PUBLIC SCHOOL HEALTH OFFICE

Pupil's Name _____ Home Tel _____

Home Address _____ Zip _____

Father's Name/Address _____ Home Tel _____

Occupation/Business Address _____ Business Tel _____

Mother's Name/Address _____ Home Tel _____

Occupation/Business Address _____ Business Tel _____

Will you allow school to call family physician? Yes ___ No ___ Doctor _____ Tel _____

IMPORTANT: Please name two persons we may contact to come for your child in case of illness or emergency should you not be available.

Name _____ Address _____ Tel _____

Name _____ Address _____ Tel _____

NOTE: No medication may be given to your child without written order from both parent and doctor. In the event of illness or some emergency in school, parents must assume responsibility of transporting the child from school to the home. Please update information if future changes are necessary. This information may be shared with school administration to meet your child's needs.

Parent's Signature _____ Date _____