

**WEST FELICIANA MIDDLE SCHOOL**  
**EMERGENCY FORM**

School Year \_\_\_\_\_

**STUDENT'S LEGAL NAME** \_\_\_\_\_ Grade \_\_\_\_\_

911 Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ SS# \_\_\_\_\_

Parent/Guardian (Please list only parent/guardian that child lives with.)

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

**OTHER THAN THE CHILD'S PARENT/GUARDIAN, WHO CAN WE CONTACT IN CASE OF EMERGENCY?**

1<sup>st</sup> Contact Name \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home # \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home # \_\_\_\_\_

**PERSONS ALLOWED TO CHECK STUDENT OUT OF SCHOOL**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Please fill out reverse side of this form.**

**MEDICAL INFORMATION**

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

List any item(s) that your child is allergic to \_\_\_\_\_  
\_\_\_\_\_

List and medication(s) that your child is taking on a long term basis \_\_\_\_\_  
\_\_\_\_\_

List any medical or physical problems that your child has \_\_\_\_\_  
\_\_\_\_\_

If in a medical, we are NOT ABLE to contact you, do we have your permission to transport your child to the hospital? \_\_\_\_\_

If in an emergency, your child's doctor cannot be reached, do we have permission for the hospital and physician to treat your child? \_\_\_\_\_

**INSURANCE INFORMATION**

Is your child presently covered by hospitalization insurance? \_\_\_\_\_ If yes, please indicate the name of the company and policy number.

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

I understand that all financial obligations are the responsibility of the parent/guardian.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NAME(S) OF BROTHERS/SISTERS ATTENDING SCHOOL IN WEST FELICIANA PARISH**

Name	Grade
_____	_____
_____	_____
_____	_____

**SCHOOL LAST ATTENDED, CITY AND STATE (if registering as a new student )**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_