ALBUQUERQUE PUBLIC SCHOOLS - EMERGENCY INFORMATION

Location					
Name	Student #	Birth Date	Grade	Teacher	Bus #

Student Address		Home Phone	Previous Location
Father's Name	Employer	Work Phone	Home Phone
Mother's Name	Employer	Work Phone	Home Phone
Lives With	Employer	Work Phone	Home Phone

Alternate Emergency Contacts - If parent/guardian cannot be reached, the school is authorized to process as indicated below:

1. Notify	Phone
2. Notify	Phone

INSURANCE INFORMATION

Health Insurance Company (If covered)	Medicaid # (If covered)

In case of an emergency involving my child and I cannot be reached, I hereby give my consent to transport my child to the following medical care providers and hospital, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary:

Doctor	Phone
Dentist	Phone
Nurse Practitioner/Physician Assistant	Phone
Hospital	Phone

If, for any reason, the above listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need.

Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Signature of Parent/Guardian _____ Date _____

I give permission to share my child's health information with appropriate school personnel.

Signature of Parent/Guardian _____ Date _____

Complete Form on Other Side -->

Notes