

**Tualatin High School**  
**2011-12 EMERGENCY INFORMATION FORM**

Year in School:  
9 10 11 12

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Work Email: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Work Email: \_\_\_\_\_

Student lives with:            \_\_\_ Both parents    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Guardian

In the event we are not able to reach you we require 2 emergency contacts other than parents who have permission to transport your student:

1. \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

(person to notify in parent/guardian's absence)

2. \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

(person to notify in parent/guardian's absence)

**MEDICAL INFORMATION**

Please list any health conditions and allergies (including bee stings) that may affect your student at school:

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

Life  
Threatening  
Yes    No


**LIFE THREATENING ALLERGIES REQUIRE THE PARENT TO PROVIDE AN EPI-PEN AT SCHOOL**

My student is allergic to these medications: \_\_\_\_\_

Medication now taking: \_\_\_\_\_

If medication is to be taken at school, parental permission is needed. Please obtain a form from the Student Affairs Office.

**MEDICAL EMERGENCY TRANSPORTATION**

I authorize school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency when I cannot be located.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_