

STRAFFORD LEARNING CENTER
317 Main Street
Somersworth, NH 03878-3099
(603) 692-4411

Program: _____

School Year: _____

EMERGENCY INFORMATION FORM

Student's Full Legal Name: _____ M ___ F ___
(Last) (First) (Middle)

Birthplace: _____ D.O.B.: _____ Grade: _____

Home Address: _____
(Street & Number) (City & State) (Zip)

Mailing Address: _____
(Street & Number) (City & State) (Zip)

Please check the correct statement: ___ Student lives with both parents
___ Student lives with father only
___ Student lives with mother only
___ Student lives with one parent and a step-parent, whose name is _____
___ Student lives with guardian, foster parent or relative other than parents:

(Name) (Relationship)

Mother: _____ Home #: _____
Cell #: _____
Permission to dismiss student? Employer/ Work # _____
___ Yes ___ No Email: _____

Father: _____ Home #: _____
Cell #: _____
Permission to dismiss student: Employer/ Work # _____
___ Yes ___ No Email: _____

Other Custodian: _____ Home #: _____
Cell #: _____
Permission to dismiss student: Employer/ Work # _____
___ Yes ___ No Email: _____

Describe or clarify guardianship/ custodial arrangements:

Please list below two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. _____ Telephone #: _____
(Name) (Relationship)
2. _____ Telephone #: _____
(Name) (Relationship)

Please check any illnesses or medical problems your child has had:

- Asthma Reaction to insect sting
 Allergies Serious accidents, illnesses or injury
 Seizures Other

Please describe any of the medical concerns checked above.

Is your child on any medication or treatment? If yes, please explain below.

Physician's Name _____ Telephone #: _____

Hospital Preference: _____

Medical insurance company: _____

Subscriber ID#: _____ Group ID#: _____

****In case of accident or illness, I request that the Strafford Learning Center contact me. If they are unable to reach me, I hereby authorize them to call the physician indicated above and to follow his/her instructions. If the physician cannot be reached, the Strafford Learning Center may make whatever arrangements seem necessary, including transporting to physician or hospital.**

(Signature of Parent or Guardian)

(Date)

