

**St. John Paul II Regional School
Emergency Contact Form**

Name:		School Year / Grade:	
Date of Birth:		Sex:	District:
Address:			
Home phone:			
Mother's Name:		Cell Phone:	
Mother's Work:		Work Phone:	
Father's Name:		Cell Phone:	
Father's Work:		Work Phone:	

HEALTH ISSUES AND CONDITIONS

Acute illness, injuries or operations/hospitalizations this past year (list dates):	
Health concerns or physical conditions that may need special attention at school:	
Asthma: Yes / No Explain:	
Student carries his/her own inhaler: Yes / No	
Allergies: Yes / No Explain:	
Activity Restrictions:	
Glasses/Contacts:	Hearing Impairment:

MEDICATIONS

Medications given at home:
Medications to be given at school:

PHYSICIAN INFORMATION

Primary Physician:	Phone:
Dentist:	Phone:

EMERGENCY CONTACTS

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Parent/Guardian Signature: _____ Date: _____

SJP2 is requesting the above information in connection with your child's enrollment in the School, and State law requires that the school keep health records of each school-age child. The data you supply will be used by the school for the purposes of contacting you and those you have authorized in case of emergency and to address health and safety issues pertaining to your child.

The data you provide is classified by the school as private educational data. This data may be shared with health service staff, administration and other staff members who have a legitimate educational interest in the information.