

# EMERGENCY INFORMATION

Boulder Valley School District RE-2

School Year: \_\_\_\_\_ Student Name: \_\_\_\_\_  
(Last) (First) (Nickname)  
School: \_\_\_\_\_ Gender:  Male  Female Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check box if any of this information is **NEW**

		Home Phone	Work Phone	Cell Phone
Parent/Guardian1	Parent/Guardian 1 Address: (Street/City/Zip)			
	Parent/Guardian1 Email			
Parent/Guardian 2	Parent/Guardian 2 Address: (Street/City/Zip)			
	Parent/Guardian2 Email			
Emergency Contact 1	Relationship to student:			
Emergency Contact 2	Relationship to student:			
Emergency Contact 3	Relationship to student:			
Emergency Contact 4	Relationship to student:			

**Emergency Contacts are those people to whom the student may be released to (locally) in case of illness or injury when a parent cannot be reached.**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medicaid/ Waiver/ Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

**HEALTH INFORMATION:** List any significant or ongoing condition (for example: severe allergies/ EpiPen, asthma, A.D.D./A.D.H.D, birth defect, diabetes, epilepsy, heart disease, vision or hearing problem) or any condition relevant to school or athletics.  
Explain: \_\_\_\_\_

**MEDICATION** taken on a regular basis: At school: \_\_\_\_\_  
At home: \_\_\_\_\_  
Allergies to foods, medications, bee stings (Specify): \_\_\_\_\_

**EMERGENCY INFORMATION:** Parents are expected to transport their own children from school to home or from school office except in cases of dire emergency. In the event of an accident or acute illness, school staff shall attempt to notify the parents first. If neither the parent nor the emergency contacts can be reached, the school officials are hereby authorized to take whatever action, including the use of an ambulance, if deemed necessary in their judgment for the health and safety of the aforesaid student.

**CONSENT FOR EMERGENCY TREATMENT:** I, the undersigned, do hereby authorize officials of the Boulder Valley School District to contact directly the persons named on this card and do authorize the named physician or dentist to render such treatment as may be deemed necessary in an emergency for the health of the said student. In the event the named physician or dentist is not available at the time of the student's emergency, I hereby authorize the health care provider to whom the student is subsequently referred to render such treatment as may be necessary for the health of said student.

I will not hold the Boulder Valley School District financially or legally responsible for the emergency care and/or transportation for such student.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

I verify that the information provided on this form is true to the best of my knowledge. Current as of (Date): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_