




# Scuola Italiana di Portland

Italian language and culture for children  [www.scuola.us](http://www.scuola.us)

## Student Emergency Record

Please complete one form for each child

### Parent 1 Name and Phone #s

Wk

Cell

Other

### Parent 2 Name and Phone #s

Wk

Cell

Other

Student Name

Gender **M** **F** Birthdate

### MEDICAL INFORMATION

Doctor's name and phone #

Dentist's name and phone #

Insurance Co. name and ID #

Medications or Medical Conditions:

Does your child have any allergies?    Yes    No

*Please explain:*

### CONTACT AND PICK UP INFORMATION

In the event of an emergency, I understand that Scuola Italiana di Portland will always try to contact me or my spouse first. I also understand that you need alternate emergency contacts. Below is a list of people who may be called in an emergency and who may pick my child up from school. *Upon drop off, please inform your child's teacher if there will be any change in retrieval that day.*

	NAME	PHONE	RELATIONSHIP	ODL #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

.....  
Parent Name

.....  
Signature

.....  
Date