



Northwest Regional Education Service District

Emergency Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Work Phone: _____

Please list any medications given: _____

Is there a medical protocol in Place? Yes No If so, please attach.

***FOR ALL PRESCRIBED MEDICATIONS PLEASE ATTACH ANY SPECIAL INSTRUCTIONS
IN CASE OF EMERGENCY.***

Allergies (medication, food, other) please list and describe reactions: _____

Physician: _____

Physician Phone: _____

Hospital Preference: _____

Address: _____

Health Insurance: _____

Policy # _____

Group # _____

If unable to reach parents in case of an emergency, the following person should be contacted.

Name: _____ **Phone:** _____

In an emergency if the parent, the designated person, or designated physician cannot be reached, I authorize the NWRESO and/or its representative to obtain medical services for my child from any physician/emergency care facility.

Parent/Guardian: _____ **Date:** _____