



Student Emergency Information Form

This form is to be completed and returned at the beginning of each academic year.

1.) Name _____ Date of Birth ___ / ___ / ____ Grade _____

2.) Name _____ Date of Birth ___ / ___ / ____ Grade _____

3.) Name _____ Date of Birth ___ / ___ / ____ Grade _____

1) Parent /Guardian contact information;

Mother / Guardian Name _____

Contact telephone (home) _____ (work) _____ (cell) _____

Email _____ Fax _____

This email may be used by the school for confidential communication related to financial, health or other personal school matter. Yes / No

Employer _____

Father /Guardian Name _____

Contact telephone (home) _____ (work) _____ (cell) _____

Email _____ Fax _____

This email may be used by the school for confidential communication related to financial, health or other personal school matter. Yes / No

Employer _____

Physical address _____

Mailing address _____

2) Emergency Contacts if Parent / Guardian cannot be reached (as agreed with below)

Name _____ Relationship _____ Contact # _____

Name _____ Relationship _____ Contact # _____

Information to be published in the school's telephone directory only:

Mother's Home : Mother's Cell: Mother's Work Mother's e-mail:

Father's Home: Father's cell: Father's work: Father's e-mail:

Health update, since last year:

Child #1:Recent immunizations: Y / N (details, if yes) _____

Recently diagnosed conditions: Y / N (details, if yes) _____

Allergies: Y / N (details, if yes) _____

Current medications : _____

prescribed for : _____

Other: _____

Child #2:Recent immunizations: Y / N (details, if yes) _____

Recently diagnosed conditions: Y / N (details, if yes) _____

Allergies: Y / N (details, if yes) _____

Current medications : _____

prescribed for : _____

Other: _____

Child #3:Recent immunisations: Y / N (details, if yes)_____

Recently diagnosed conditions: Y / N (details, if yes)_____

Allergies: Y / N (details, if yes) _____

Current medications :_____

prescribed for :_____

Other:_____

Doctor's name:_____ Phone #_____

Dentist's name:_____ Phone #_____

Please read and sign: In case of a medical emergency, I authorise Cedar International School personnel to obtain any emergency medical care (incl. Peebles Emergency Room) that may be necessary.

Mother / Guardian _____ Date:_____

Father / Guardian _____ Date:_____