

**CLINTON COMMUNITY SCHOOLS**  
**EMERGENCY MEDICAL PROCEDURES**

STUDENTS NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ STUDENT'S BIRTHDATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

**PLEASE CIRCLE ONE**                      **FATHER or STEP FATHER**                      **MOTHER or STEP MOTHER**

In case of emergency during school hours:

Father(Step) may be reached where? \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother(Step) may be reached where? \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Any known **illness** (asthma, allergies) or **chronic illness** (diabetes, rheumatic fever, epilepsy, etc).?

(if yes, please explain) \_\_\_\_\_

Special Instructions \_\_\_\_\_

Alternates to be contacted when the above cannot be reached:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

