

Katonah-Lewisboro School District

HEALTH EMERGENCY INFORMATION

Student Name _____ School _____ Grade _____ Home Phone _____

Address _____ Birth date _____

Father's Name _____ Address _____

Business Phone _____ Cell _____

Mother's Name _____ Address _____

Business Phone _____ Cell _____

In case of an illness or injury, school personnel are legally responsible for first aid only. It is the school policy to notify parents when home care or immediate medical care is indicated.

Date of Last Physical Exam _____

Physical exams are required for grades K, 2, 4, 7, 10 and all new entrants.

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

If you are not reachable please provide information about who we may contact. This contact should be local and willing to pick up your child. Please remember to keep all numbers current.

Name of Friend – Relative _____ Phone _____

Name of Friend – Relative _____ Phone _____

Specific Medical Problem, Medication or Allergy

This information may be shared with appropriate staff.

Parent or Guardian Signature _____

