EDISON HIGH SCHOOL GOLDEN BRIGADE
STUDENT EMERGENCY INFORMATION 2019-2020

All information provided is for emergency use only and will not be shared with unauthorized persons.

Student's Name_____Student ID#_____
Last First Middle

Grade_____ M/F _____ Parent/Guardian Name_____

Home Address:_____
House Number Street Name Apt # City, State Zip Code

Parent/Guardian Cell Phone _____Cell Carrier_____

Parent/Guardian Email _____

Student Email and Cell Phone _____Cell Carrier_____

IN THE CASE OF ILLNESS OR ACCIDENT CONTACT:

1st contact: _____
Name Contact # Relationship to student

2nd contact: _____
Name Contact # Relationship to student

MEDICAL INFORMATION

This Student has the following health condition(s). (Check all that apply to this student)

_____ Vision Difficulty	_____ Heart Condition	_____ Seizure Disorder
_____ Glasses _____Contacts	_____ Allergies	_____ Bleeder
_____ Hearing Difficulty	_____ Asthma	_____ Diabetes
_____ Hearing Aid	_____ Bee Sting Allergy	_____ Peanut Allergy
_____ Serious Illness	_____ Medication Allergy	_____ Other Food Allergy
_____ Serious Accident		List:_____

Explain Items Checked: _____

Name of Medication and Dosage: _____

Family Doctor: _____ Phone: _____

Health Plan: _____

If an emergency should arise which requires immediate medical regime and we; as the parents/guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this student. Yes _____ No _____

Parent/Guardian Signature Date