



**Please complete this form and return to the office. It will be placed in your child's comfort care kit.**

Student Name		
Parent/Guardian #1 Name	Cell Phone	
Parent/Guardian #2 Name	Cell Phone	
Address		
City	State	Zip Code

Emergency name and phone number information:	
Local Contact: _____ Address: _____ City: _____ Zip: _____ Phone: (____) _____	Out-of-state contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____
Persons authorized to pick up student in emergency:	
Allergies:	Other important medical information:
Does child take regular medication? <b>Yes / No</b> If "yes" please list medication, dosage and attach medication permission slip.	List of Medications

Date Comfort Kit was submitted: \_\_\_\_\_

\_\_\_\_\_  
Parent#1/Guardian #1 Printed Name/ Signature/Date

\_\_\_\_\_  
Parent#2/Guardian#2 Printed Name/Signature/Date