

**Parkmont School Emergency Form, 2022-2023**

**Student's Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_ **Preferred Pronouns:** \_\_\_\_\_

SSN: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Student's Cell Phone #: \_\_\_\_\_ Stud. Email: \_\_\_\_\_

**Parent/Guardian #1(primary contact):** \_\_\_\_\_

Employer: \_\_\_\_\_ Workphone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_

Employer: \_\_\_\_\_ Workphone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Identification, Policy and/or Group Number(s): \_\_\_\_\_

Medical conditions that could require emergency care: \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Allergies to food: \_\_\_\_\_

\*Parents must provide allergy and/or asthma medications to the school.

**Emergency Local Area Contact #1**

Name(s): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Work or cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Local Area Contact #2**

Name(s): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Work or cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contact Outside of the DC Area**

**Name(s):** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Work or cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Address:** \_\_\_\_\_

If needed, I would like my child to be administered: \_\_\_ Tylenol \_\_\_ Ibuprofen \_\_\_ Allergy medicine  
\_\_\_ Contact me each time before my child is administered the medications checked above.

\_\_\_ In the event of a medical emergency, The Parkmont School has permission to take my child to the emergency room of the nearest hospital.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent(s) / Legal Guardian(s)**