

2023-2024 Parkmont School Emergency Form

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: _____

Date

Signature of Parent(s) / Legal Guardian(s)