

Champlain Valley Educational Services
Emergency Contact Information for Health Office
(please complete the below information *thoroughly* & return to the Health Office)

Student's Name: _____ DOB: _____ Gender: Male/Female
Home School District: _____
Street/P.O. Box: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____

Father's Name: _____ Address: _____
Telephone #'s (Home) _____ (Work) _____ Cell # _____

Mother's Name: _____ Address: _____
Telephone #'s (Home) _____ (Work) _____ Cell # _____

Step-Parent/Guardian: _____ Address: _____
Telephone #'s (Home) _____ (Work) _____ Cell # _____

Alternate Contacts (someone who is willing and able to pick-up your child if you are not available)

Name #1 (relationship to student) _____
Telephone #'s (Home) _____ (Work) _____

Name #2 (relationship to student) _____
Telephone #'s (Home) _____ (Work) _____

Student's Health Care Provider/Physician

Physician's Name: _____ Telephone #: _____

PLEASE LIST ANY SPECIAL MEDICAL INFORMATION, HEALTH CONCERNS, HEALTH CONDITIONS, ETC. FOR YOUR CHILD:

Does your child have any ALLERGIES? (Ex., medications, foods, environmental, latex, etc).
Please give the type of reaction they experienced: _____

Parent/Guardian Signature: _____

Date: _____

**** Please notify the CVES Health Office @ 561-0100 ext. 314 or 315 if there are any changes to the above emergency information. Thank you. ****

**** Use the reverse side for any additional information or instructions**

The school authorities will exercise their responsibility in providing emergency care to students when parent/guardian is not available