

**EMERGENCY FORM FOR GBCS
HEALTH OFFICE - 2001-2002**

Child's Name: _____ Date of Birth: _____

Full Address: _____ Home #

Other #'s: _____

Mother's Name: _____

Mother's Employer: _____ Work # _____

Father's Name: _____

Father's Employer: _____ Work #: _____

Emergency Contact: _____

Phone #'s: _____

List any drug allergies or medications your child has had reactions to:

List any other reactions or known health problems:

Parent/Guardian Signature

Date

FOR OFFICE USE:

GRADE:

HOMEROOM TEACHER:

ROOM #