



NEW HOPE-SOLEBURY SCHOOL DISTRICT

Emergency Procedure Information

Student's Name: First: Middle: Last: Birth Date:

Home Phone: Student's Home Address:

With whom does the student reside (Check all that apply) mother father stepparent guardian

other (please explain)

IN CASE OF EMERGENCY, illness or accident to the student, the New Hope-Solebury School District is authorized to proceed as indicated below. Please number each item 1,2, etc in the order of desired action.

Parent/Guardian Full Name:

Address (if different than student)

Home Phone: Mobile #: Work #:

Parent/Guardian Full Name:

Address (if different than student)

Home Phone: Mobile #: Work #:

Family Physician: Office Phone:

Take Student to the Emergency Room

EMERGENCY CONTACTS: Friends, relatives, or neighbors to contact when parents are not available.

#1 Contact Relationship to Student:

Home Phone: Mobile #: Work #:

#2 Contact Relationship to Student:

Home Phone: Mobile #: Work #:

PLEASE NOTE ANY ALLERGIES (antibiotics, aspirin, insect bites, adhesive, tetanus, etc.) OR SPECIAL HEALTH CONDITIONS (asthma, delayed clotting time, heart condition, seizures, etc.)

In case of extreme emergency when parents or family doctor cannot be contacted, I give the New Hope-Solebury School District authority to take whatever action is deemed necessary in the best interest of the student.

Signature: Date: