

**MERCER MIDDLE SCHOOL  
2004-2005  
EMERGENCY INFORMATION**

Block Teacher \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Hm. Phone \_\_\_\_\_ Work/Day Phone (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

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

In case of Emergency or Disaster who should we contact and with whom may your child go home? We will contact in order.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Phone \_\_\_\_\_

Medical details we should know about (e.g. health conditions, food allergies, medicines, insect bite reactions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***MEDICAL RELEASE: IN THE EVENT OF A MEDICAL EMERGENCY AND I CANNOT BE REACHED TO MEET MY CHILD AT THE HOSPITAL, I HEREBY CONSENT TO HAVE MY CHILD TREATED IMMEDIATELY.***

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

We are interested in maintaining contact with parents/guardians who may not live with the student(s) at the given address. Please list any such person.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE NOTIFY SCHOOL OFFICE IMMEDIATELY IF THIS INFORMATION CHANGES**

*This form will be used for disaster/earthquake purposes for release or care of students during the*