



Student Emergency Data  
2018-2019  
(PLEASE PRINT/TYPE)

Students Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Teacher \_\_\_\_\_  
mm/dd/yyyy M/F

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ I DO NOT PERMIT CTM TO PUBLISH MY CONTACT INFORMATION IN THE SECURE ONLINE STUDENT DIRECTORY.

Please note that if you opt out of the directory, no CTM family will have access to any of your information at all. (Work info will not be included in the directory)

Medical

Does your child have any allergies? \_\_\_\_Y \_\_\_\_N

If yes please list: \_\_\_\_\_  
\_\_\_\_\_

Epi Pen required? \_\_\_\_\_

**Additional emergency contacts that have the authority to obtain emergency medical treatment.**

Friend or Relative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

Friend or Relative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

**Doctor:** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Hospital Choice:**(1) \_\_\_\_\_ (2) \_\_\_\_\_

Provide your child's health insurance information below:

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

If none of the above can be contacted what do you wish to do if the child is sick or injured? \_\_\_\_\_

\_\_\_\_\_

Although the above recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case the judgment of the school authorities will prevail therefore giving CTM the authority to obtain emergency medical treatment. Anytime the above information must be changed, I will notify the school in writing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_