



EMERGENCY INFORMATION

STUDENT'S NAME:

AGE:

GRADE:

Primary Emergency Contact:

Name:

Relationship to student:

Phone: (C)

(W)

Email:

Alternate Contact Information: (if primary contact can't be reached)

Name: _____ **Relationship to student:** _____

Phone: (H)

(W)

(C)

Please answer YES or NO to the following questions:

May Tylenol be given to your child? _____

Does your child have any allergies to medicine, food, or the environment? _____

Is your child subject to any physical, medical, or emotional problem? _____

If yes to any of the above please explain: _____

☐ **I have read the Raleigh ACT Handbook for this session that I received by email**

☐ If the staff is unable to reach the parent/guardian, I authorize the staff to contact the above Alternative Contact person.

☐ In the event of a general emergency, the staff has permission to release our child to the above alternative contact person.

☐ Raleigh ACT has my permission to take my child for treatment to the nearest hospital in the event that I (or the alternative contact) cannot be reached.

Signature

Date