

Connecticut Technical High School System

Emergency Information for School Nurse

Student Name _____ Grade _____

Shop: _____ Date of Birth: _____ Male Female

Lives with: Both Parents Mother Father Legal Guardian: _____
(name)

Other: _____
(name)

Street Address: _____

Town _____ Zip Code _____

Emergency Contact Information: Names & grades of siblings attending this school: _____

Mother/Guardian's name: _____ Home Phone: _____

Address: _____ Town: _____ Zip: _____

Name of Employer _____

Work Phone: _____ Cell Phone: _____ Email: _____

Father/Guardian's name: _____ Home Phone: _____

Address: _____ Town: _____ Zip: _____

Name of Employer _____

Work Phone: _____ Cell Phone: _____ Email: _____

If parent or guardian cannot be reached call:

1) Name: _____ Home # _____ Cell # _____

Work # _____ Relationship: _____
(grandparent, sister, brother, aunt, uncle, neighbor, friend, etc)

2) Name: _____ Home # _____ Cell # _____

Work # _____ Relationship: _____
(grandparent, sister, brother, aunt, uncle, neighbor, friend, etc)

3) Name: _____ Home # _____ Cell # _____

Work # _____ Relationship: _____
(grandparent, sister, brother, aunt, uncle, neighbor, friend, etc)

Family Doctor's Name: _____ Phone # _____

Family Dentist's Name: _____ Phone # _____

Hospital Preference*: _____

*In the event of an emergency we will notify emergency personnel of your hospital preference. We cannot guarantee transport to a specific hospital.

(Other Side Must Be Completed)

Parent/Legal Guardian Signature _____ Date: _____