

# 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: \_\_\_\_\_