



ABC School
1234 Main Street
City, State 12332

Emergency Permission Form

(This part must be completed by student and custodial parent/guardian)

Student Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

School _____

Birth Date _____

Phone _____

Person to contact in case of medical emergency:

Name _____

Relation _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

Please list any health problems/concerns your child may have, including allergies (medications/others) and any medications presently being used: