

7010 Braddock Road
Annandale, VA 22003

STUDENT EMERGENCY INFORMATION

Student's name: _____ Home #: () _____

Mother/Guardian's Name: _____ Work #: () _____

Cell #: () _____

Father/Guardian's Name: _____ Work #: () _____

Cell #: () _____

Home address of student: _____

Legal guardian of student: _____

Child lives with: _____

Child's Social Security #: _____

***In the event of an emergency, please list three people who we could contact for assistance.
These people would be authorized to pick up your child in an emergency.***

Name	Phone#	Relationship
1. _____		
2. _____		
3. _____		

Child's health insurance company: _____

Policy#: _____ Medicaid #: (if applicable) _____

If there is any other information that would be helpful in case of an emergency, please provide it below:

Does your child have allergies? If so, please explain below (include food, medication, etc.):

PROFESSIONAL CONTACTS

Please list any professionals who are working with your child (ex. psychologist, probation officer, social worker, etc.):

Name	Agency	Phone#

Date: _____

Signature: _____

PHILLIPS Programs

Emergency Care Information

*In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or designated emergency contact.*

Student Information

Last Name: _____ **First Name:** _____ **Middle:** _____
Date of Birth: _____
Gender: Male or Female
Grade: _____

Current Health Conditions

Below check any current health condition that may require attention during the school day.

- Allergies (be specific)
 - Foods _____
 - Medicines _____
 - Bee sting or insect bite _____
 - Other _____
- Asthma
- Cancer
- Hearing problems Hearing aids
- Heart problems (be specific)

- Others (be specific)

- Hemophilia
- Physical disability _____
- Respiratory _____
- Seizures
- Vision problems
- Diabetes

List all medications and dosages your child take on a continual basis:

Physician Information

My child's medical care is provided by: _____
(Name of doctor, clinic, or HMO)

My child's medical coverage is provided by: _____
(Health insurance company, assistance program, HMO, etc.)

The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child.

Parent/Guardian Signature: _____ **Date:** _____

PHILLIPS Programs ~ Annandale Campus

I give permission to PHILLIPS Programs to administer first aid treatment to my child in the case of an emergency and transportation of my child to a medical center or hospital if necessary. I give this permission for the duration of his/her enrollment at PHILLIPS.

I authorize the hospital and medical personnel to administer any emergency treatment required.

Child's Name: _____

DOB: _____

Parent/Guardian Signature

Date

Medical personnel may contact:

Stacie Thompson, Program Director
Tamara Johnston, Program Supervisor
Darius Coulibaly, Program Supervisor
Scott Stables, Program Supervisor
Amy Taylor, Educational Program Supervisor

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