

DONDERO ELEMENTARY SCHOOL
32 Van Buren Ave., Portsmouth, NH 03801
Telephone: (603) 436-2231 Fax: (603) 427-2329

AFTER SCHOOL ACTIVITY/ATHLETE PARTICIPANT EMERGENCY FORM

STUDENT'S NAME: _____ D.O.B: _____ Grade: _____
ADDRESS: _____ Teacher: _____
ACTIVITY/SPORT _____

Telephone numbers where parents/guardian can be reached:

Name: _____	Name: _____
Home #: _____	Home #: _____
Work #: _____	Work #: _____
Cell #: _____	Cell #: _____
Email: _____	Email: _____

If parent/guardian CANNOT be reached, call:

Name: _____ Telephone #: _____
Relationship: _____ Cell #: _____

Student's Physician: _____ Telephone #: _____
Insurance Company: _____ Group #: _____
Policy #: _____

Does the student have any ALLERGIES? (Bee stings, food, dust, etc.)

NO: _____ YES: _____ Please list: _____

Is the student allergic to any medications?

NO: _____ YES: _____ Please list: _____

Is the student on ant medications?

NO: _____ YES: _____ Please list: _____

If sports activity, does the student wear contacts? _____

OTHER: _____

I give permission for my child to be treated by medical personnel and transported to the nearest hospital in case of an emergency, if parents/guardian cannot be reached.

Signature & Date: _____