

Ledyard Charter School
PO Box 327 Lebanon, NH 03753 (603) 727-4772

School Year _____

Emergency Information Form (must be completed by parent/guardian)

Student's Name _____ Grade _____ DOB _____

Home Phone # _____ School District _____

Mother's Name and Address _____

Email: _____

Father's Name and Address _____

Email: _____

Guardian's Name and Address _____

Email: _____

Daytime Phone #: Mother _____ Father _____ Guardian _____

Cell#: Mother _____ Father _____ Guardian _____

Does the school need custody documentation? Yes _____ No _____

Please identify two responsible adults who we may call if you can not be reached:

Name _____ Phone # _____

Name _____ Phone # _____

Medical History: Does the student have any of the following? (Please Specify)

Allergies _____ Ear/Hearing Problems _____

Asthma _____ Eye/Vision Concerns _____

Bee Sting Sensitivity _____ Cardiac/Heart Problem _____

Other _____

CURRENT MEDICATION: Please list all medications student currently takes:

Does your child have insurance coverage? Yes _____ No _____

Name of insurance carrier _____ Group # _____

Dental Coverage Y/N Dentist _____
(Name) (Address) (Phone)

Name & Phone # of student's physician (in case of emergency) _____

I give the school permission to carry out emergency care and life saving procedures in the event that parent/guardian cannot be reached.

Signature Parent/Guardian _____ Date: _____

E-Mail _____