

# HOWARD COUNTY PUBLIC SCHOOL SYSTEM

## EMERGENCY PROCEDURE INFORMATION

Please print all information clearly, provide complete telephone numbers including area codes

Student's name: \_\_\_\_\_

Student's date of birth \_\_\_\_\_ Bus number (special education only) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

## EMERGENCY NOTIFICATION

**List in order of notification • Major emergencies will be taken to the nearest hospital**

1. \_\_\_\_\_  
Name Parent/guardian (area code) day time phone number

2. \_\_\_\_\_  
Name Parent/guardian (area code) day time phone number

3. \_\_\_\_\_  
Name Parent/guardian (area code) day time phone number

4. \_\_\_\_\_  
Name Parent/guardian (area code) day time phone number

Other procedures desired: \_\_\_\_\_

List pertinent health problems, allergies, medication\*, etc. \_\_\_\_\_

Family physician (area code) day time phone number

Parent/guardian signature Date

\* Note: The same procedure for medication followed during the regular school year would be followed during summer school.