

**FRAMINGHAM PUBLIC SCHOOLS**  
**Student Emergency Information**

Student emergency contact information should be accurate and current. Please contact your school nurse with any changes.

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**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian#1:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell#** \_\_\_\_\_ **W#** \_\_\_\_\_ **H#** \_\_\_\_\_

**Parent/Guardian#2:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_ **W#** \_\_\_\_\_ **H#** \_\_\_\_\_

**Emergency contacts:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Primary Care Provider:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Provider:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance:** MassHealth \_\_\_\_\_ Private insurance \_\_\_\_\_ Other \_\_\_\_\_

**If you do not have a doctor or health insurance:**

Would you like assistance finding a doctor? Yes \_\_\_ No \_\_\_

Would you like assistance obtaining health insurance? Yes \_\_\_ No \_\_\_

The school nurse has permission to share health information with school personnel as s/he determines appropriate for my child's health and safety? \_\_\_ Yes \_\_\_ No

In the event of an emergency situation where parents cannot be contacted, I authorize the school to obtain medical/emergency treatment for my child.

**Additional comments/information:** \_\_\_\_\_

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\_\_\_\_\_  
**Signature of Parent/Guardian**

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\_\_\_\_\_  
**Date**