



THE HIGHLANDS SCHOOL

2409 CRESWELL ROAD • BEL AIR, MARYLAND 21015 • PH: 410.836.1415 • FAX: 443.412.1098 • hsmd.org

EMERGENCY INFORMATION

School Year _____

*Please do not leave **ANY** part of form blank. If none, please specify*

Birth Date _____ Grade Entering in Fall 2020 _____

Sex of Student _____

Student _____
_____ Last First Middle

Student's Present Address _____
_____ Street Town Zip Code

Mailing Address, if different from above _____
_____ Street Town Zip Code

Home Number: _____ Street Town Zip Code

Mother's Name _____ Father's Name _____

Work Phone (Mother) _____ Work Phone (Father) _____

Cell Phone (Mother) _____ Cell Phone (Father) _____

Email #1 _____ **Email #2** _____

Preferred daytime contact phone number: _____

If I am unable to be contacted by the school, the following persons have been contacted and agree to accept the responsibility for the supervision of my child in the event of illness or emergency.

1. _____
Name Phone

2. _____
Name Phone

Health Insurance Company _____ Policy Number _____

Family Doctor _____
Name Phone

Family Dentist _____
Name Phone

Allergies: (ex., bee stings, asthma, food, etc.) _____

Long-term medication child is on _____

Physical/mental condition school should be aware of _____
Immunization Status Completed Incomplete

I am aware that this form will accompany my child if emergency services are necessary.

Parent's or Legal Guardian's Signature _____ Date _____