ARROYO PACIFIC ACADEMY

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International Student Emergency Information Form

Type or print legibly in black ink. Provide all information fully and accurately.
All information on this form is confidential and will only be used in the case of a medical emergency or natural disaster.

Student's Name: _____ Age: _____ ID #: _____

Allergies to medication: _____

_____

Allergies to food: _____

_____

Environmental allergies: _____

_____

Current Medications (home and school): _____

_____

_____

Chronic/Serious Medical Conditions: _____

_____

First call for emergency to a person in the U.S.: Name: _____

Phone Number: _____ Relationship: _____

Second call for emergency to a person in the U.S.: Name: _____

Phone Number: _____ Relationship: _____

Insurance Company Name: _____

Policy or Group Number: _____

In case of a natural disaster, student may be picked up by:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

❑ Check here if child may walk home unescorted. Signature: _____ Date: _____

For Faculty/Staff use only

❑ **Child picked up by:** _____ **Date:** _____ **Time:** _____

❑ **Child walked home.**

❑ **Child transported to:** _____ **By:** _____ **Time:** _____