AVON PUBLIC SCHOOLS
AVON SUMMER THEATER
EMERGENCY INFORMATION FORM

Please print legibly

Student's Name _____
Last First Middle

Date of Birth _____

Home Address _____

Phone: (home)_____ (cell) _____

Best phone number to contact you: home / cell / other _____

PLEASE COMPLETE THE FOLLOWING:
Allergies to (bee stings, medicine, food, etc)_____

Taking medication (please name) _____

Health Problems:_____

_____

Is there anything else we should know about your child to help us understand their educational/social/emotional needs?

Mother's/Guardian's Name _____

Father's /Guardian's Name _____

Family Doctor _____ Telephone_____

Please list below persons readily available whom we may call if parents/guardians are not available:

1. _____
Name Relationship Telephone

2. _____
Name Relationship Telephone

Avon Public Schools have permission to take whatever action they deem necessary in the event of an emergency.

_____
Date Parent's/Guardians Signature