

**Oxford Public Schools
After School Activity Emergency Information**

Activity/Location: _____

Student's Name: _____ **Birth Date:** _____

Parent/Guardian's Name: _____

Address: _____

Mother Home: _____ **Work:** _____ **Cell:** _____

Father Home: _____ **Work:** _____ **Cell:** _____

Emergency Contact, other than Parent/Guardian:

1. Name/Relationship _____ **Phone:** _____

2. Name/Relationship _____ **Phone:** _____

Hospital Preference: _____

Medical Provider: _____ **Phone:** _____

Emergency Medical Information: Please indicate all that apply

Medical Issues/Concerns: _____

Current Medications: _____

Allergies: _____ **Prescribed Treatment:** _____

Signature of Parent/Guardian

Date

By signing the parent is aware that the school nurse is not in attendance at after school activities.