

EMERGENCY ACCIDENT FORM

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Person(s) to contact in case of emergency

Name _____

Phone _____

Person to contact in case parents cannot be reached

Name _____

Phone _____

Family Doctor _____

Phone _____

Hospital Preference _____

Allergic to medicine? Which one(s)? _____

Are you highly allergic to anything else? - i.e. beestings, etc. _____

Name of High School: Paint Branch High School Main Number: 301-388-9900

Person(s) to notify at Paint Branch:

Ms. Samantha Candia, Signature Program Coordinator 301-388-9911

Ms. Inez Ernst, School Nurse 301-388-9915

Parents Emergency Information:

1. _____ Insurance Carrier _____

_____ Phone (home and work) Insurance Policy # _____

_____ Cell phone

2. _____

_____ Phone (home and work)

_____ Cell phone

Distribution: One copy to site sponsor, one to MCPS coordinator.