	EMERGENCY MEI		Date Enrolled
Birthdate	(Confidential Info	(Confidential Information)	
In case our child	*	becomes ill at school o	r is injured, please contact me at
Home Address:			Phone:
Father's name and place of emp	ployment:		Phone:
Cell Phone Number:		Email Address:	
Mother's name and place of en	ployment:		Phone:
Cell Phone Number:		Email Address:	
If we cannot be reached by tele	phone, contact one of the following:		
Name:	Address:		Phone:
Name:	Address:	-	Phone:
Name:	Address:		Phone:
In extreme emergency, please transport to Dr.			Phone:
I will assume responsibility for	payment of such professional services. I	Hospital we prefer:	
Please state any medical proble	ems that your child has:		
Is your child on daily medicati	on? Yes No If yes, name:		
I fu	lly realize that failing to complete this fo	rm IN DETAIL automatic	ally gives
	DeSoto school absolute authority to act	in the best interest of my	child.
Teach	er Grade	Signature	of Parent or Guardian