

EMERGENCY INFORMATION

FAMILY NAME: _____

(LAST NAME ONLY...if parent name is different from child's, please use CHILD'S last name)

ADDRESS: _____ TEL: (____) _____

Please check if this address or telephone number has changed within the past year

E-MAIL ADDRESS: _____

CHILD'S NAME: _____ DOB: _____ HOMEROOM: _____

PLACE WHERE THE PARENT OR GUARDIAN CAN BE REACHED DURING THE DAY:

Mother's Name: _____ **Father's Name:** _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Workplace: _____ Workplace: _____

Work Tel: (____) _____ Work Tel: (____) _____

Legal Guardian's Name: _____

Workplace: _____ Tel: (____) _____

TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD WHEN YOU CANNOT BE REACHED:

1. NAME: _____ 2. NAME: _____
ADDRESS: _____ ADDRESS: _____
TEL: (____) _____ CELL: (____) _____ TEL: (____) _____ CELL: (____) _____
RELATIONSHIP: _____ RELATIONSHIP: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____ TEL :(____) _____

DENTIST'S NAME: _____ TEL :(____) _____

ADDRESS: _____

EMERGENCY MEDICAL INFORMATION (including any allergies i.e. food or insects):

HEALTH INSURANCE: _____

Permission to Treat, Transport and Release Information

During the school year, I give the school nurse permission to treat my child. In the case of a serious illness or injury, I request prompt notification. If the school is unable to immediately contact me, I authorize the school to initiate emergency treatment and to activate the Emergency Medical System, to continue emergency care and to transport my child to the nearest hospital. I also authorize releasing of medical information to the transport team and the Emergency Department receiving my child, as necessary and appropriate for optimal care. I also authorize the release of my child's medical information to my child's doctor, dentist, teacher or school counselor, when deemed necessary by the nurse, to provide an optimal multidisciplinary approach to the daily plan for my child at school.

PARENT'S SIGNATURE: _____

Date _____

PLEASE RETURN THIS ON OR BEFORE THE FIRST DAY OF SCHOOL..THIS INFORMATION IS VERY IMPORTANT TO HAVE BEGINNING THE FIRST DAY!!

OVER

GRANDPARENT INFORMATION

(New students or updated information only please)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____