

PLEASE FILL OUT ALL INFORMATION ON BOTH SIDES



EMERGENCY INFORMATION 2021-2022

| | | |
|---------------------------|--|-----------------------|
| Student's Name: | | Grade: |
| Student's Address: | | Date of Birth: |

| Parent/ Legal Guardian #1 | | Parent/ Legal Guardian #2 | |
|-------------------------------|--|-------------------------------|--|
| Name | | Name | |
| Relationship | | Relationship | |
| Employer | | Employer | |
| Occupation | | Occupation | |
| Work Phone | | Work Phone | |
| Cell Phone/ Home Phone | | Cell Phone/ Home Phone | |
| Email | | Email | |

In case of emergency when neither parent can be reached, what authorized person should be notified:

| | | |
|-------------|---------------------|--------------|
| Name | Relationship | Phone |
| Name | Relationship | Phone |
| Name | Relationship | Phone |

MEDICAL INFORMATION:

Child's Physician or Source of Health Care _____ Phone _____

List any allergies/medical conditions: _____

Signs/Symptoms: _____

Please list any medications your child takes during the school day. (Note that separate paperwork is required by your doctor.) _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person (including school personnel) to have your child transported to that hospital.

Parent/Legal Guardian Signature: _____ Date: _____

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Child's name: _____

Grade: _____

DISMISSAL INSTRUCTIONS:

Please indicate your child's customary transportation arrangements.

(Children who arrive before 7:50am or who are not picked up by 3:00pm will automatically be sent to Before/ Aftercare)

Morning: ___ Walk ___ Dropped off by parent/guardian ___ Carpool ___ Bus ___ Before Care

Afternoon: ___ Walk ___ Dropped off by parent/guardian ___ Carpool ___ Bus ___ After Care

Please list the names of all persons who are authorized to pick up your child from school *(school personnel will request identification from all individuals listed here.)*

EMERGENCY SCHOOL CLOSING:

In case of an emergency school closing, what arrangements have been made for your child?

___ Walk home alone ___ Parent will pick up ___ Walk home with _____

___ Carpool with _____ Other: (please specify) _____

CHILD'S CELL PHONE:

If a child carries a cell phone, please note the number here. _____

**While under the school's care, students are not permitted to use cell phones. They must be turned off and left in bookbags. Cell phones used inappropriately will be taken to the office and must be picked up by a parent. **

I acknowledge that I understand the school's cell phone policy.

Parent/Legal Guardian Signature: _____ Date: _____