

EMERGENCY FORM 2018-2019

FAMILY NAME: _____
HOME PHONE () _____ **Family E-mail:** _____

First Name: _____ Grade: _____ Birth Date: _____ M/F: _____ Place of Birth _____ Race/Ethnicity _____

First Name: _____ Grade: _____ Birth Date: _____ M/F: _____ Place of Birth _____ Race/Ethnicity _____

First Name: _____ Grade: _____ Birth Date: _____ M/F: _____ Place of Birth _____ Race/Ethnicity _____

First Name: _____ Grade: _____ Birth Date: _____ M/F: _____ Place of Birth _____ Race/Ethnicity _____

IN CASE OF ACCIDENT OR EMERGENCY, please notify:

Name of Father: _____ Cell: () _____ Work: () _____

Home Address: _____
Street *City* *State* *Zip*

Name of Mother: _____ Cell: () _____ Work: () _____

Home Address: _____
Street *City* *State* *Zip*

Custodial Parent's Name: _____ Cell: () _____ Work: () _____

Home Address: _____
Street *City* *State* *Zip*

If we cannot be reached, we wish the following person/s to be notified. We authorize each of them to act in our absence and to pick up our children as necessary. They have agreed to comply with the rules of the school. Other individuals will only be allowed to pick up our children if we send a note or call the school authorizing them to do so.

	<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

**Please provide medical information requested below
with specific instructions regarding allergies or health conditions for your child.**

PARENTS ARE RESPONSIBLE FOR PAYMENT OF TREATMENT NOT COVERED BY SCHOOL INSURANCE.

Family physician: _____ Tel: () _____

Hospital preference: _____

Allergies: _____

Health Problems/Concerns: _____

Eye Glasses: YES NO

Contact Lenses: YES NO

Please inform the School Office of any changes during the school year.

IN THE EVENT OF A MEDICAL EMERGENCY I (WE) CONSENT TO THE DECISION MADE BY THE SCHOOL AND ITS AGENTS RELATING TO THE PROVISION OF MEDICAL ASSISTANCE.

Signature of Parent / Guardian: _____ Date: _____

Relationship to the Student: _____

EARTHQUAKE / DISASTER RELEASE RECORD

Name: _____ Was released to: _____
Date: _____ Time: _____
Location to which child/children taken: _____
School Official: _____

Name: _____ Was released to: _____
Date: _____ Time: _____
Location to which child/children taken: _____
School Official: _____

Name: _____ Was released to: _____
Date: _____ Time: _____
Location to which child/children taken: _____
School Official: _____