

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship \_\_\_\_\_

I declare the information on this form is true and correct. I will notify the school office immediately of any changes.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name	Relationship	Home Phone	Work or Cell Phone

I/we hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, injury, evacuation or other emergency that may occur while students are in school.

AUTHORIZED Release/Contact - Please list the names of persons to whom we may release your child or who we may contact if we cannot reach you. NO STUDENT SHALL BE RELEASED TO ANYONE OTHER THAN THE PEOPLE LISTED BELOW. In selecting someone to whom you authorize the release of your child, consider: Is this person prepared to handle any special medical needs required by your child?

### In Case of Emergency or Disaster

## Student Emergency Information Card

Office Use Only

Date Enrolled \_\_\_\_\_

- MEDICAL
- COURT ORDER
- PHOTO RELEASE
- OTHER

In case of an emergency, it is imperative that the school be able to reach the student’s parent/guardian. Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. *One student per card, please.* Grade \_\_\_\_\_

**Student:** \_\_\_\_\_

Last Name First Middle

Home Address City State/Zip

Mailing Address (if different from above) City State/Zip

- Male
- Female

Birth Date: \_\_\_\_\_

- Lives With:  Both Parents
- Mother  Father  Other: \_\_\_\_\_

**Registering Parent:** \_\_\_\_\_

Last Name First

Email Cell Phone

Home Address City State/Zip

Home Phone Work Phone

**Other Parent:** \_\_\_\_\_

Last Name First

Email Cell Phone

Home Address City State/Zip

Home Phone Work Phone

Languages spoken at home:  English  \_\_\_\_\_  \_\_\_\_\_

Student: \_\_\_\_\_  
Last Name First Middle

**MEDICAL/HEALTH INFORMATION**

Medication: Does your child take medication?  No  Yes

Medication	Dosage	Hour(s) Given

If your child requires medication at school, all medication sent to school must be in the original prescription or over-the-counter container with a current date, dosage instructions, and the child's name. Also a "Medical Treatment Authorization" form must be completed and signed by the physician and the parent and must be on file.

Physician/Health Care Provider's name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Vision & Hearing Information: Wears glasses/contacts?  Yes  No Wears hearing aid(s):  Yes  No

Medical Conditions: Please check the appropriate boxes if your child has any of the following:

Severe Allergies :  Food  Environmental  Stinging Insects/Bees  Medicines/Drugs  Other

Please explain: \_\_\_\_\_

Requiring:  Benadryl  EpiPen  Other: \_\_\_\_\_

Asthma If checked,  uses inhaler  on daily medication

Seizures If checked, on medication?  Yes  No

Diabetes If checked, insulin dependent?  Yes  No

Other (please explain): \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION**

I the undersigned parent(s) of \_\_\_\_\_ do hereby give authorization and consent to the school to obtain emergency medical care and necessary emergency transportation to a health care facility.

**RELEASE OF MEDICAL INFORMATION**

I hereby understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with school officials and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.

**EMERGENCY DISMISSAL**

In the event of a severe storm or other unscheduled emergency dismissal your child is instructed to:

- Walk home
- Ride school bus as usual (if bus service is available)
- Ride home with parent only
- Ride home with any person identified on authorized contact list on reverse side
- Other arrangements: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship