EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender: ☐ M ☐ F	Grade:

School Name:	ID No.:	Teacher or Counselor:	Bus # (AM):	Bus # (PM):

☐ Student has medical alert information on file. See page 2 for details.

PARENT/GUARDIAN CONTACT INFORMATION

Any parent, step parent, or guardian with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to your child's school.

Last:	First:	Middle:	Telephone Home:
Number: Street:		Apt.#:	Work:
City:	State:	Zip:	Other:
Relationship:	☐ Resides with	Language:	E-mail:

Last:	First:	Middle:	Telephone Home:
Number: Street:		Apt.#:	Work:
City:	State:	Zip:	Other:
Relationship:	☐ Resides with	Language:	E-mail:

Last:	First:	Middle:	Telephone Home:
Number: Street:		Apt.#:	Work:
City:	State:	Zip:	Other:
Relationship:	☐ Resides with	Language:	E-mail:

Last:	First:	Middle:	Telephone Home:
Number: Street:		Apt.#:	Work:
City:	State:	Zip:	Other:
Relationship:	☐ Resides with	Language:	E-mail:

OTHER CONTACT INFORMATION

Please list four persons we may call if the parent(s) or guardian(s) cannot be reached. These people have your permission to make decisions concerning your child in the event of an emergency and to pick your child up from school.

Name of Person	Relationship	Language	Telephone

* Please remember to sign page 2.

SS/SE-3 (7/05)

EMERGENCY CARE INFORMATION

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STUDENT INFORMATION					
Last: First: Middle:		Date of Birth:	Gender: ☐ M ☐ F	Grade:	
School Name:	ID No.:	Teacher or Counselor:	Bus # (AM):	Bus # (PM):	

BEFORE AND AFTER SCHOOL CARE (complete if applicable). This person has your permission to pick up your child from school.

Name of Provider: ____________________ Telephone: ____________

SIBLINGS ATTENDING THE SAME SCHOOL (complete if applicable).

Name(s): ____________________

CURRENT HEALTH CONDITIONS

Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-71 if your child has health conditions that require attention during the school day. **See below for medical alert information currently on file.**

- ☐ allergies (be specific)
  - ☐ foods ____________
  - ☐ medicines ____________
  - ☐ bee sting or insect bite ____________
  - ☐ other ____________
- ☐ asthma
- ☐ cancer
- ☐ diabetes
- ☐ hearing problems ☐ hearing aid(s)
- ☐ heart problems (be specific) ____________
- ☐ hemophilia
- ☐ physical disability (be specific) ____________
- ☐ respiratory (be specific) ____________
- ☐ seizures
- ☐ vision problems (be specific) ____________
  - ☐ glasses ☐ contacts
- ☐ other (be specific) ____________

List all medications and dosages your child receives on a continual basis:

____

MEDICAL ALERT INFORMATION ON FILE

PHYSICIAN INFORMATION

My child's medical care is provided by: ____________________ (name of doctor, clinic, or HMO) ____________ (telephone)

My child's medical coverage is provided by: ____________________ (health insurance company, assistance program, HMO, etc.) ____________ (telephone)

The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

PARENT OR GUARDIAN SIGNATURE: ____________________ DATE: ____________