

**2010-2011**  
**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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL:(\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_

**Permission to Treat & Transport**

During the school year, I give the school nurse permission to treat my child. In the case of an accident of serious illness, I request the school contact me. If the school is unable to reach me, immediately, I authorize the school to initiate emergency medical treatment, and to activate the Emergency Medical System to continue emergency care and to transport my child to the nearest hospital. I also authorize contacting and releasing of medical information to my child's (children's) teacher (s), my child (ren's) doctor, dentist, and/or the Emergency Department receiving my child, as necessary.

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: \_\_\_\_\_