

STUDENT HEALTH AND EMERGENCY DISMISSAL DATA

DATE _____

The information on this form will be used in the event your child/children need to be dismissed early from school. It is very important that you answer the questions carefully. **If any of this information changes, you must be sure to have this form updated immediately.** Please remember there are many parents to contact. Select people and phone numbers that you are fairly certain will be reachable. **We will start with the parents.**

Student's Last Name	First	Grade	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDRESS _____ CITY _____ ZIP _____

E-Mail Address: _____

Student resides with: Mother ___ Father ___ Both ___ Other ___

HOME PHONE: _____

EMERGENCY NUMBERS:

Mother's Full Name _____ Cell/Pager _____

Mother's Place of Employment _____ Work Number _____

Father's Full Name _____ Cell Phone _____

Father's Place of Employment _____ Work Number _____

Does your child usually take a bus home? _____ If yes, what school district do you live in? _____

Child's bus number to school _____ bus number school to home _____

Please list the name and phone number of whom you want contacted to pick up your child in the event your child is dismissed early from school and we are *unable to reach you*.

1. Name _____ home phone _____ work phone _____ cell/pager _____
Relationship: _____

2. Name _____ home phone _____ work phone _____ cell/pager _____
Relationship: _____

3. Name _____ home phone _____ work phone _____ cell/pager _____
Relationship: _____

****Identification must be shown by anyone picking up a child.
Please sign below that you agree with the procedure outlined above.**

I/We give permission for my child to be dismissed in the manner indicated above.

Father/Guardian

Mother/Guardian

Date

Physician's Name/Group: _____ Phone No. _____

Dentist's Name/Group: _____ Phone No. _____

Hospital: _____ Phone No. _____

****Physical Health Assessments & Immunization Records must be faxed to 834-4932, by 1st day of School.**

Part I: TO GRANT PERMISSION:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
2. The transfer of my child to the above hospital, or any hospital reasonably accessible. I also agree that in case of injury to my child requiring medical attention that my accident and hospitalization coverage from (name of insurance company) _____ will be used to pay any expenses connected with the injury.

PERTINENT MEDICAL FACTS: (allergies, physical impairments, etc.) _____

Parent/Guardian

Date

Part II: REFUSAL TO CONSENT: (only if you do not agree to Part I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to _____

Parent/Guardian

Date