



# Emergency Form

Please fill out the form carefully, if any of this information changes it is your responsibility to update the office in writing.

**Family Name** \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Work Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Cell \_\_\_\_\_ Work Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

## Students

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

DATE OF BIRTH

## People Authorized to Pick Up Your Child

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*Identification must be shown by any authorized person picking up a child*

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Emergency Medical Authorization

In the event, a reasonable attempt has been made to contact you but we have been unsuccessful we will need your permission to transport your child to any reasonably accessible hospital facility and/or allow administration of emergency medical treatment by any licensed physician or dentist.

I give my consent.

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

**Pertinent Medical Facts:** (allergies, physical impairments, etc) \_\_\_\_\_