



## 2023-2024 Emergency Form

Please fill out the form neatly and carefully, if any of this information changes it is your responsibility to update the office in writing. It is understood all individuals on this form are permitted to pick up your child.

**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 \_\_\_\_\_

### Student(s) and Siblings

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

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

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

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

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) \_\_\_\_\_