EMERGENCY INFORMATION FORM

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name First name Middle name

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Name of Parent/Guardian (1)  Home/mobile phone:  Work phone:  Email:  Language spoken:  Relationship: | Name of Parent/Guardian (2)  Home/mobile phone:  Work phone:  Email:  Language spoken:  Relationship: |
| --- | --- |

In case of an emergency, illness or accident and the Parent/Guardian cannot be reached, the school is authorized to contact the following to pick up or assist my child:

| Emergency Contact (1)  Name  Home/mobile  Work phone  Relationship  Language spoken | Emergency Contact (2)  Name  Home/mobile  Work phone  Relationship  Language spoken |
| --- | --- |

In case of a medical emergency, does the school have permission to take your child to the nearest hospital? Yes OR No

Does your child have any allergies?

Yes OR No

If yes, have you provided this information to the Health Department or School Nurse upon registration. Yes OR No

If your child takes the bus please provide bus numbers for Drop off \_\_\_\_\_\_\_\_\_ and Pick up \_\_\_\_\_\_\_\_\_\_.

If your child does not go home from school, where does he/she go? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If private transportation is used please provide name and phone number of agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is dropped off or picked up daily by someone other than you please list the individual's name and phone number authorized to pick up daily.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to **videotape/photograph** your child for classroom use Yes\_\_\_\_ No\_\_\_\_

Do we have permission to place your child’s picture in the **newsletter** and on the **website**?

Yes \_\_\_\_\_ No \_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_