



Permission for Emergency Care

Appendix F-1

To be completed and signed annually by a parent/guardian

Legal Name: Last _____ First _____ Middle _____

Nickname _____ Sex Male Female Date of Birth (mm/dd/yyyy) ___/___/___

Home Address _____
(Street) (City) (State) (Zip)

Home Phone ___-___-___ Email for official school communication _____

Name(s) of any sibling(s) at school _____ Grade(s)/Room _____

Student lives with (*applicable custody paperwork must be attached*): _____

Mother/Female Guardian

Father/Male Guardian

Full Name _____

Maiden Name _____

Home Address _____

Home City/State/Zip _____

Home Phone _____

Home Email _____

Cell Phone _____

Work Phone _____

Work Email _____

Work Address _____

Occupation _____

Employer _____

Marital Status (Circle) Married Separated Divorced*
 Widowed Single Remarried

Married Separated Divorced*
 Widowed Single Remarried

**Appropriate custody paperwork MUST be attached.*

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Persons NOT authorized to pick up the student from school:

Name _____ Relationship _____

Emergency Contacts: In the event a parent/guardian cannot be reached, you must give the name, address and phone number of two persons who could collect the student from school in a timely manner.

1) _____
(Name) (Address, City, State, Zip) (Phone) (Relationship)

2) _____
(Name) (Address, City, State, Zip) (Phone) (Relationship)

Student's Doctor _____ Phone# _____

Outstanding Medical History _____
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)

Allergies _____ Action to Take _____

Student's Medications _____ Date of Last Tetanus Shot _____

Insurance Company _____ Policy # _____

- I agree to notify the school within 24 hours if my child or any member of their immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child.
- I certify that the information provided in this document is true and accurate to the best of my knowledge.

 Printed Name of Parent/Guardian

 Signature of Parent/Guardian

___/___/___
 Date