

SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: JLCE-R

EMERGENCY FORM

Student's Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Home Room# \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ Bus# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Place of Birth \_\_\_\_\_ D.O.B \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Business Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Email \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Business Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Email \_\_\_\_\_

With whom does this child reside: Mother \_\_\_ Father \_\_\_ Parents \_\_\_ Other \_\_\_\_\_

Are there special child custody provisions? Yes \_\_\_ No \_\_\_

If yes, please send in appropriate legal documentation.

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List two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

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***THIS CARD WILL ACCOMPANY YOUR CHILD TO THE HOSPITAL IN A MEDICAL EMERGENCY***

***\*Please read and complete all areas of this form. Note that two (2) signatures are required. Thank You.***

Hospital of choice for emergency transport \_\_\_\_\_

Child's routine Daily Medications (Name and dosage amounts/including over the counter and herbal)

Meds at home \_\_\_\_\_  
\_\_\_\_\_

Meds at School \_\_\_\_\_

Allergies (Food, Drug, Environmental) \_\_\_\_\_

Health Conditions \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Office Phone # \_\_\_\_\_ Cell/Other Phone # \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_

Office Phone # \_\_\_\_\_ Cell/Other Phone # \_\_\_\_\_

*The information on this form will be shared with school staff and emergency personnel as appropriate.*

**IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO SHARE YOUR CHILD'S MEDICAL CONDITION AND TREATMENT WITH TRANSPORTATION PERSONNEL (BUS DRIVERS).**

***\*Signature of parent or guardian*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If impossible to contact this physician, the school may make whatever arrangements seem necessary

***\*Signature of parent or guardian*** \_\_\_\_\_ ***Date*** \_\_\_\_\_