

Student Emergency Info 2010-11

Student Information

PLEASE PRINT CLEARLY

Grade:

Last name:

First name: M.I.

Sex Male Female Date of birth:

Lives with: Parents Father only
 Mother only Other(specify) _____

Home Information

Home address:

Home phone: Other home phone or pager:

1st Language spoken at home: 2nd Language:

Parent Information

Father's full name:

Father's Work ph: Father's Cell Ph:

Mother's full name:

Mother's Work ph: Mother's Cell Ph:

Emergency Contacts

List names of parents/contacts, in priority order, who GIS should contact in case of an emergency.

	<u>Name</u>	<u>Relationship to Child</u>	<u>Daytime Phone</u>
1 (local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 (local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 (local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 (local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 (out-of-state)	<input type="text"/>	<input type="text"/>	<input type="text"/>

List in priority order, names of persons (including parents) authorized to sign child out of school. Photo identification required for student pickup.

1	<input type="text"/>	4	<input type="text"/>
2	<input type="text"/>	5	<input type="text"/>
3	<input type="text"/>	6	<input type="text"/>

Medical Providers

Physician name:

Dentist name:

Physician phone:

Dentist phone:

Medical Conditions

Check each condition the student has and explain in the "Medical Comments" section following.

- On medication?
 Limited activity?
 Allergy bee sting?
 Allergy medication?
 Vision problem?
 Diabetes?
 Heart problem?
 Hearing problem?
 Seizure disorder?
 Allergy other?
 Contact lens?
 Asthma?

Medical comments _____

Medical emergency policy: Parents and emergency contacts will be called for injuries/illness beyond our ability to handle. "911" will be called to assist in the event of serious illness or injury. The GIS emergency policy is in effect for all students. Your child's attendance in the school signifies your acceptance of this policy.

Signature: _____ Date: _____ db\EmergencyInfo Rev1/8/09