



# 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.**

**\*Appropriate custody paperwork MUST be attached.**

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