



# EMERGENCY CARE AUTHORIZATION FORM

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name	Also known as:
STUDENT ID #	GENDER (M/F)	GRADE LEVEL	BIRTHDATE	TEACHER	BUS ROUTE #

**STUDENT LIVES WITH:**

- Both parents  
  Father only  
  Mother only  
  Father/Stepmother  
  Mother/Stepfather  
  Stepfather/Stepmother  
  Grandparents  
 Guardian  
  Agency  
  Self  
  Other \_\_\_\_\_

MAIN HOUSEHOLD - GUARDIAN #1 – LEGAL NAME <i>Last Name</i>		<i>First Name</i>		GUARDIAN #1 - Home Phone (include area code)	Work # Employer _____
				Please check if unlisted <input type="checkbox"/>	Cell/Pager # _____
RESIDENT ADDRESS	<i>Street</i>	<i>Apt #</i>	<i>City</i>		<i>State</i> <i>Zip Code</i>
MAILING ADDRESS <i>If different</i>	<i>Street</i>	<i>Apt #</i>	<i>P O Box</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>

RESIDENTIAL AREA:		E-MAIL ADDRESS:			
GUARDIAN #2 – LEGAL NAME <i>Last Name</i>		<i>First Name</i>		GUARDIAN #2 – Home Phone (include area code)	Work # Employer _____
ADDRESS <i>(Street/PO Box)</i>		<i>City</i>		Please check if unlisted <input type="checkbox"/>	Cell/Pager # _____
				<i>State, Zip</i>	

**GUARDIAN #2 RELATIONSHIP:**

- Father  
  Mother  
  Grandparents  
  Guardian  
  Agency  
  Other \_\_\_\_\_

**IF STUDENT LIVES BETWEEN TWO HOUSEHOLDS, PLEASE DESIGNATE EMERGENCY CONTACT:**

<i>Name/Relationship</i>	<i>Phone Number(s)</i>
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**PLEASE LIST ALL SIBLINGS RESIDING IN THE MAIN HOUSEHOLD** *(Include full name, birthdate, school and grade)*


**ALTERNATE CONTACTS TO BE NOTIFIED IN CASE OF AN EMERGENCY:**

<i>Daycare Provider:</i>	<i>Address:</i>	<i>Phone Number:</i>
<i>Name:</i>	<i>Relationship:</i>	<input type="checkbox"/> Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cell/Pager
<i>Name:</i>	<i>Relationship:</i>	<input type="checkbox"/> Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cell/Pager
<i>Name:</i>	<i>Relationship:</i>	<input type="checkbox"/> Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cell/Pager

Teacher

Last Name

First Name

**PERMISSION:** I give permission for this information to be shared with appropriate district staff members who provide direct service to my child during the school year. If the legal parent/guardian can not be reached at the time of an emergency and if immediate observation or treatment is urgent in the judgment of the school authorities – I authorize and direct these authorities to send my student to the hospital or doctor most easily accessible & authorize any appropriate medical treatment needed. It is understood that I will assume full responsibility for the payment of any services rendered.

**Legal Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*PLEASE COMPLETE ADDITIONAL INFORMATION ON THE BACK\*\*\*

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## MEDICAL HISTORY

Please check all of the following which apply to the student:

- Allergies to: \_\_\_\_\_
- Asthma Is the asthma condition \_\_\_\_\_ Severe/Life-Threatening? \_\_\_\_\_ Moderate? \_\_\_\_\_ Mild?
- Bleeder     Bone Disease     Chicken Pox/Vaccine     Color Blind     Diabetes     Glasses/Contacts
- Hearing Problems     Heart Disorder     Migraines     Nose Bleeds     Reaction to Bee Stings     Seizures     Tubes in ears
- Other \_\_\_\_\_

Does your student have any conditions that would affect school performance? \_\_\_\_\_

Does your student have any condition that would require immediate medical attention? \_\_\_\_\_

Does your student have any condition that would limit physical education? \_\_\_\_\_

Does your student have any condition that would require regular medication?  Yes     No

If yes, list types of medication: \_\_\_\_\_

Does this medication need to be taken at school?     Yes     No

(If yes, a school medication form must be filled out before medicine can be dispensed at school.)

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## EMERGENCY SCHOOL CLOSURE INFORMATION

In the event of inclement weather or other unexpected unsafe conditions, it may be necessary to change our school schedule to provide for the safety of students.

**If it is determined by the Superintendent's Office that roads are unsafe, students who live in the affected areas will be kept at their school building until parents can be reached and can pick up their student OR the district can safely transport them home.**

If it is determined by the Superintendent's Office that roads are safe but the district has determined that an early dismissal is necessary for the safety of students, we request that you select the most appropriate option for your student:

### Kindergarten – 5<sup>th</sup> Graders

- Option 1**    **My student can be released to the authorized people listed on the front side of this form if I can not be reached.**

The school where your student attends will attempt to contact you as the parent/guardian. If the school can not make contact with you, your student will be kept at the school building until you or an authorized person listed below is able to pick them up:

- Option 2**    **My student is to follow my instructions listed below if the school sends students home at the early dismissal time:  
(Please be specific)**

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### Grades 6-12

If an emergency situation occurs after school has already started, students will be sent home. Every effort will be made to see if the student expects someone to be home. If students are unsure as to what they should do, an area in the District will be provided for students to wait until a parent/guardian is contacted.

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*I understand I am responsible for making the above arrangements and need to keep the school notified of any changes throughout the school year.*

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_