



EMERGENCY HOME CONTACT 2020-2021

Student ID: _____ - _____ - _____ DOB: _____ - _____ - _____

Student's

Last Name: _____ First Name: _____

Mother/Guardian	Father/Guardian
Name _____	Name _____
Address _____	Address _____
_____	_____
Home Phone (_____) _____	Home Phone (_____) _____
Work Phone (_____) _____	Work Phone (_____) _____
Cell Phone (_____) _____	Cell Phone (_____) _____
Email: _____	Email: _____

HEALTH ALERT:

Does the student have any health conditions that may affect participation in physical activities?

YES _____

NO _____

Please describe the limitation:

Name of Adult Student lives with _____ Relationship: _____

Address: _____

Home Phone:(_____) _____ Work Phone:(_____) _____ Cell Phone:(_____) _____

Email: _____

Please list below the names of three relative or friends who may be called in case of emergency or if child is sick in school.

****CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD.****

Name: _____ Phone:(_____) _____ - _____ Relationship: _____

Name: _____ Phone:(_____) _____ - _____ Relationship: _____

Name: _____ Phone:(_____) _____ - _____ Relationship: _____

If there is a person who **MAY NOT HAVE ACCESS** to your child, please indicate:

Name: _____ Relationship: _____ Order of protection: ____ YES ____ NO

SIBLINGS:

First Name:

Last Name:

School of Attendance:

Age:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My child has: _____ Private Health Insurance; _____ Medicaid; _____ Child Health Plus; _____ No Health Insurance
(If "No Health Insurance" check here : _____ if you are willing to share contact information from this card to learn about insurance options.

Name of Physician/Clinic: _____ Phone: _____

If none of the named contacts can be reached, what do you wish the school to do in case the child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

The Principal will be notified in writing of any changes to the information on this card.

Signature Date

For School Use Only			
<u>Date</u>	<u>Reason</u>	<u>Contact</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____