CONFIDENTIAL ELEMENTARY SCHOOL STUDENT EMERGENCY FORM

2014-2015 SCHOOL YEAR

MAKE SCHOOL AWARE OF ANY CHANGES TO THIS FORM!

School Name _____

Child's Legal Name _____ M/F _____ Grade _____
LAST FIRST M.I.

Child's Birth date _____

Home Telephone Number (including area code) _____ Bus# _____ Homeroom # _____

Mailing Address _____

Residential Address _____

Male Head of Household/custodian _____ Cell Phone # _____
LAST FIRST

Employer _____ Work Phone _____ Email Address _____

Female Head of Household/custodian _____ Cell Phone # _____
LAST FIRST

Employer _____ Work Phone _____ Email Address _____

Are there custody/guardianship issues with this student? Y N

Does the school have legal documents concerning custody/guardianship issue? Y N NA

Names of other Child(ren) in household	Birthdates	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transportation to/from School: This information represents the usual and customary way your child(ren) will arrive to and leave from school. Each and every time you vary from usual and customary routine, the teacher will need a written note specifically stating what is requested for the date it is written.

Bus# AM _____ Bus# PM _____ Bus Stop _____ Carpool _____ Walker _____

If a parent/guardian cannot be reached at home or you do not have a telephone, please list three (3) relatives/friends to be contacted who will assume temporary care/permitted to pick up your child. ELEMENTARY AND MIDDLE SCHOOL PARENTS - This information is VERY IMPORTANT DO NOT LEAVE THIS PART BLANK!

Name _____ Relationship(to student) _____ Phone# _____ Cell/Work# _____

Name _____ Relationship(to student) _____ Phone# _____ Cell/Work# _____

Name _____ Relationship(to student) _____ Phone# _____ Cell/Work# _____

Please identify special dismissal procedures in the event of a scheduled or unexpected early dismissal (inclement weather, utility outages, etc.).

_____

_____

Please make the nurse aware of any allergies, surgeries, or health conditions below. Also list any restrictions or activities such as physical education (These must be supported by a certificate from your physician.)

_____

Physician _____ Number _____ Dentist _____ Number _____

IMPORTANT: The State of Maryland and the Board of Education of Allegany County prohibit the dispensing of medication without a written consent form from a physician. Forms are available at most physician offices and/or from the school. All medications brought to school must be in the properly labeled bottle from the pharmacy. In addition, we ask that a parent/guardian bring all medications/forms to school and return to school to pick up remaining medications, as necessary. The signature below of the parent/guardian indicates understanding of this paragraph.

I understand that if the school cannot contact me in case of an emergency, my child will be transported to Western Maryland Regional Medical Center Emergency Room. (The school will continue to attempt to contact parents after the child has been transported to the hospital.)

Signature of Parent/Guardian _____ Date _____