

EMERGENCY CONTACTS (Other than Parent/Guardian)

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| <p>Call 3rd</p> <p>Last Name: _____ First: _____</p> <p>Relationship to Student: _____</p> <p>Can pick up student: YES NO</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> | <p>Call 4th</p> <p>Last Name: _____ First: _____</p> <p>Relationship to Student: _____</p> <p>Can pick up student: YES NO</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> |
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| <p>Call 5th</p> <p>Last Name: _____ First: _____</p> <p>Relationship to Student: _____</p> <p>Can pick up student: YES NO</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> | <p>Call 6th</p> <p>Last Name: _____ First: _____</p> <p>Relationship to Student: _____</p> <p>Can pick up student: YES NO</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> |
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STUDENT MEDICAL INFORMATION List any health conditions that will or may affect your child while at school.

_____ Life Threatening? Y N Symptom(s): _____

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SCHOOL AGE and Pre-SCHOOL SIBLING INFORMATION

Last Name _____ First _____ Relationship: _____ Age: _____ Gender: _____

Last Name _____ First _____ Relationship: _____ Age: _____ Gender: _____

Last Name _____ First _____ Relationship: _____ Age: _____ Gender: _____

Last Name _____ First _____ Relationship: _____ Age: _____ Gender: _____

Pre-school:

Last Name _____ First _____ Relationship: _____ DOB: _____ Age: _____ Gender: _____

Last Name _____ First _____ Relationship: _____ DOB: _____ Age: _____ Gender: _____

Person NOT Authorized to pick-up Student or Receive Student Information:

Name: _____ Relationship: _____ Restraining/Court Order? Yes No

****Copies of current legal documents must be submitted with this form****

REQUIRED SIGNATURE

I, the undersigned, do hereby authorize officials of SHERWOOD SCHOOL DISTRICT 88J to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of the child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature: _____ Date _____