

Emergency Release Form

School Year: 2011-2012

Dear Parents:

Please complete the information requested on this page as it will be used for the purpose of assisting School District #145 in providing emergency care for your child should such care be necessary and you, the legal parent or guardian are not present or cannot be reached immediately. **ALL AREAS NEED TO BE COMPLETED AND SIGNED.**

Students Name: _____ Age: _____ Grade: _____

Parent/Legal Guardian Name: _____

Home Phone # _____ Work Phone # _____ Cellular # _____

Parent/Legal Guardian Name: _____

Home Phone # _____ Work Phone # _____ Cellular # _____

Emergency Contact if parents cannot be reached:

Name: _____ Relationship: _____

Home Phone # _____ Work Phone # _____ Cellular # _____

Name: _____ Relationship: _____

Home Phone # _____ Work Phone # _____ Cellular # _____

Date of last Tetanus shot: _____

Allergies: _____

Known health problems: _____

Daily medications: _____

Dentist Name: _____ Last Visit: _____ Phone # _____

Doctors Name: _____ Last Visit: _____ Phone # _____

Hospital Preference: _____ Phone # _____

Insurance Company: _____ Phone # _____

Policy Number: _____

Field Trip Permission – Field trips to places outside of the school building are an important adjunct of classroom instruction, as they provide an opportunity for the teacher to enrich and extend the learning experiences of students. Permission slips are required for students to participate in field trips every time they are being transported by bus/van. If a parent does not give permission, the student will remain at school and work on related curricular activities.

_____ I DO NOT give permission to go on field trips

If my child should be injured or become ill at school or any school event and requires emergency medical attention and I am not present or cannot be immediately reached, School District #145 may contact my child’s physician. If the physician specified by parent/guardian cannot be reached or if the parent/guardian has not specified a physician, School District #145 may contact another physician and/or nearest hospital. I understand that the school will make every attempt to contact us in the event of such an accident or illness.

Any student with a chronic or life threatening health concern will be on a list that will include specific information about your student. The information is available to teachers, staff, sponsors and coaches to assist them in case of any emergency.

Parent/Guardian Signature: _____ Date: _____