

# HURON SCHOOL DISTRICT

Our Mission: Completely Committed to Kids!™

## STUDENT EMERGENCY CONTACT INFORMATION

Office Use Only:

Grade	<input type="text"/>	School Year	<input type="text"/>
Teacher/Counselor	<input type="text"/>		<input type="text"/>

Please Print Clearly:

Student Last Name (Please Print)	First Name	Date of Birth (mm/dd/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Address:

### EMERGENCY CONTACTS: (PLEASE PRINT and list in order you wish to be called)

1) \_\_\_\_\_

Home address (if different than student's) \_\_\_\_\_

Relationship to child:  Mother  Father  Other \_\_\_\_\_

Email address \_\_\_\_\_

May your child be released to this contact?  Yes  No

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Cell Phone Work Phone Ext Home Phone

2) \_\_\_\_\_

Home address (if different than student's) \_\_\_\_\_

Relationship to child:  Mother  Father  Other \_\_\_\_\_

Email address \_\_\_\_\_

May your child be released to this contact?  Yes  No

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Cell Phone Work Phone Ext Home Phone

3) \_\_\_\_\_

Home address (if different than student's) \_\_\_\_\_

Relationship to child:  Mother  Father  Other \_\_\_\_\_

Email address \_\_\_\_\_

May your child be released to this contact?  Yes  No

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Cell Phone Work Phone Ext Home Phone

If you would like additional contacts, please add the same information to the back of this sheet.

### MEDICAL AUTHORIZATION:

In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the nearest hospital emergency room/clinic or physician. I/we authorize the attending physician and/or hospital personnel to take action and give treatment they deem advisable for our child's comfort and well being. I/we agree to pay for any expenses incurred by the emergency.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physician's Name

Physician's Phone Number

Hospital Preference

Does your child have any major health problems of which we should be aware?

Such as: (Check all that apply and be sure to complete an Authorization to Administer Medication Form)

Asthma  Bee Sting Allergy  Diabetes  Epilepsy  Epipen  Hay Fever  Heart Condition  Hemophilia  
 Inhaler  Peanut Allergy  Seizures  Skin disorder  ADHD/ADD

Food Allergy-please explain

Other conditions that may require treatment or hospitalization

Current medications/treatments: \_\_\_\_\_

Signature Parent/Guardian

Date

<input type="text"/>	<input type="text"/>
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Parent/Guardian Name (Print) \_\_\_\_\_

PLEASE CALL YOUR SCHOOL OFFICE TO REPORT ANY CHANGES ON THIS FORM DURING THE SCHOOL YEAR