



EMERGENCY CONTACT INFORMATION

Child's Name _____ Entering Class _____ Date of Birth _____

****PLEASE COMPLETE BOTH SIDES****

It is vital that the school have current emergency contact information on this form at all times. Parents are responsible for notifying the school immediately of any changes made in the course of the school year to the information submitted below.

A new form MUST be completed EACH YEAR for EACH STUDENT.

There is *new* contact information, please update my records.

Parent/Guardian

Name _____

Address _____

Cell Phone _____ Other Phone _____

Email _____

Parent/Guardian

Name _____

Address _____

Cell Phone _____ Other Phone _____

Email _____

Back-Up Contact Person

Name _____

Relationship to Child _____



MEDICAL CONTACT INFORMATION FORM

Child's Name _____ Entering Class _____ Date of Birth _____

****PLEASE COMPLETE BOTH SIDES****

PARENTAL AUTHORIZATION

In case of serious accident or illness, I request that the school try to contact me. In the event that I cannot be reached, I hereby give permission to school personnel to act on my behalf to get my child to the emergency room via ambulance and authorize medical staff to administer any treatment deemed necessary.

Parent Signature _____ Date _____

Child's Medical Information

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

SEVERE Allergies _____ EPI Pen required*? _____

**Parents must provide the EPI Pen and specific instructions to the class teacher.*

MILD Allergies or Sensitivities _____

Special Dietary Needs, Requirements, or Restrictions _____

Medications (include schedule & dosage) _____

Date of last tetanus shot (if known) _____

Medical Insurance Provider _____ Group # _____

Medical Insurance ID # _____ Plan # _____

- I consent to the Siskiyou School office staff or faculty, giving my child over-the-counter medication for pain relief (arnica, ibuprofen), anxiety (rescue remedy), or allergic reaction (benadryl).
- I request that ALL over-the-counter medication be verbally cleared with a parent or guardian listed on this form before administration to my child.