OTSELIC VALLEY CENTRAL SCHOOLS
EMERGENCY CARE FORM

2017-2018

Student _____ Grade _____ Homeroom _____
(Last) (First) (Middle)

Address _____
(Physical & Mailing address)

Mother's Maiden Name _____ Student's Date of Birth _____

Circle who your child lives with: Mother Father Stepmother Stepfather Grandparent(s)
Other _____

Mother's Name _____

Home Phone # _____ Cell # _____

Mother's place of employment _____ Phone # _____

Father's Name _____

Home Phone # _____ Cell # _____

Father's place of employment _____ Phone # _____

Names and grades of brothers and sisters: _____

Since the care and treatment of the student is primarily the responsibility of the parent, every effort will be made to contact the parent first.

Please list **Parent Substitutes** who can be contacted regarding student's care in the event a parent cannot be located. *PLEASE NOTE: Only those listed below will be permitted to pick up your child in case of illness or emergency. As per district policy, photo ID may be required.*

Name _____ Relation _____

Phone # _____ Address _____

Name _____ Relation _____

Phone # _____ Address _____

Name _____ Relation _____

Phone # _____ Address _____

Name _____ Relation _____

Phone # _____ Address _____

Name _____ Relation _____

Phone # _____ Address _____

List anyone who is **NOT PERMITTED** to visit/pick up your child from school:

Name _____ Name _____

PLEASE COMPLETE HEALTH INFORMATION QUESTIONAIRE ON BACK → → → →

HEALTH INFORMATION

List any **health conditions** that your child has: _____

_____

_____

List any **medications** that your child takes:

At home: _____

_____

At School: _____

_____

List any **allergies** that your child has and what treatment is needed for reactions:

Environmental allergies: _____

_____

At School: _____

_____

Insect/Bee Allergies: _____

_____

Family Physician: _____

Phone # _____

Office Address: _____

_____

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_____ YES, _____ NO Do you give your permission for your child to be **photographed** or **video graphed for school publications and school publicity purposes**?

IF SCHOOL REPRESENTATIVES ARE UNABLE TO CONTACT PARENTS IN THE EVENT OF AN EMERGENCY, THE SCHOOLWILL HAVE YOUR STUDENT TRANSPORTED BY MEDIC RESCUE AMBULANCE SERVICE.

_____ YES, _____ NO I give permission for my child's health information to be shared with school staff and emergency care personnel on a need to know basis.

Parent/Guardian Signature: _____

Date: _____