

# HARDING TOWNSHIP SCHOOL EMERGENCY INFORMATION FORM

Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other children in family:

Name \_\_\_\_\_ Grade \_\_\_\_\_      Name \_\_\_\_\_ Grade \_\_\_\_\_

**Person to be called if Parent/Guardian unavailable (local & available):**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE NOTE: In case of early dismissal or emergency closing, we will follow the normal dismissal routine, unless otherwise notified.**

**The after school Work Family Connection Program WILL NOT operate in the event of Emergency Early Closing or Delayed Opening due to the weather.**

**A Physician to call:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

I have arranged for the above in case of my child's illness or in case of emergency. You may call our family physician if necessary.

Is your child covered by health insurance (Yes/No)? \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Are there any outstanding medical problems or current allergies?      \_\_\_ Yes      \_\_\_ No

Explain: \_\_\_\_\_

Is child taking prescription medication? \_\_\_\_\_  
(Name of medication and dosage)

List any recent operations, illnesses, immunizations (tetanus etc.) List dates and any other pertinent information.

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do hereby authorize officials of HARDING TOWNSHIP SCHOOL DISTRICT to contact directly the persons named on this form, and do authorize named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said 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 and safety of foresaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_  
(Parent/guardian signature)      \_\_\_\_\_      Dated: \_\_\_\_\_  
(Parent/guardian print name)

**IMPORTANT: Please notify the school immediately of any changes to the above information.**