

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) (Parent/guardian print name) Dated: _____

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