

SCHOOL CITY OF HOBART EMERGENCY FORM

SCHOOL YEAR 2017 - 2018

NAME _____

LAST

FIRST

MIDDLE

BIRTHDATE _____

M _____ F _____

GRADE _____

STUDENT'S HOME ADDRESS _____ CITY _____ Bus # _____

PHONE _____ EMAIL _____ CHECK IF NEW ADDRESS THIS SCHOOL YEAR _____

IF STUDENT WORKS LIST LOCATION _____ PHONE _____

PRIMARY LANGUAGE SPOKEN AT HOME _____

PLEASE CHECK BOX/BOXES BELOW TO INDICATE WHO HAS LEGAL CUSTODY**(UNLESS OTHERWISE NOTIFIED, THE SCHOOL WILL RELEASE STUDENT TO THOSE LISTED BELOW)** FATHER'S NAME _____ ADDRESS _____ PHONE _____ MOTHER'S NAME _____ ADDRESS _____ PHONE _____ GUARDIAN'S NAME _____ ADDRESS _____ PHONE _____

FATHER'S WORKPLACE _____ PHONE _____ CELL/PAGER _____

MOTHER'S WORKPLACE _____ PHONE _____ CELL/PAGER _____

GUARDIAN'S WORKPLACE _____ PHONE _____ CELL/PAGER _____

BROTHERS & SISTERS (INCLUDE STEP-SIBLINGS) _____ AGE _____ SCHOOL ATTENDING _____

_____**EMERGENCY CONTACTS WHEN PARENTS ARE NOT AVAILABLE, WHOM SHOULD WE CONTACT LOCALLY?**1ST CONTACT _____

NAME

HOME PHONE

CELL

WORK

2ND CONTACT _____

NAME

HOME PHONE

CELL

WORK

MY CHILD IS ALLERGIC TO THE FOLLOWING: _____

IF A REACTION SHOULD OCCUR, WHAT SHOULD BE DONE? _____

INDICATE ANY PERTINENT HEALTH PROBLEMS OR CONDITIONS: (LIST ROUTINE MEDICATIONS, GLASSES, CONTACT LENS, ETC.) _____

IF A DOCTOR'S/DENTIST'S CARE SEEMS NECESSARY, CAN WE CALL YOUR DOCTOR/DENTIST? YES _____ NO _____

NAME OF FAMILY DOCTOR _____ PHONE _____

NAME OF FAMILY DENTIST _____ PHONE _____

IN CASE OF SERIOUS ILLNESS OR INJURY, I GIVE MY PERMISSION FOR THE ABOVE NAMED STUDENT TO BE TREATED AT ST. MARY MEDICAL CENTER EMERGENCY ROOM OR A LOCAL EMERGENCY ROOM. IF OUT OF TOWN, TREATMENT MAY BE GIVEN AT A LOCAL EMERGENCY ROOM

SIGNED _____ DATE _____

PARENT OR GUARDIAN

DATE

(Information on this form may be shared with the appropriate personnel for health and emergency purposes)

The School City of Hobart does not discriminate on the basis of race, creed, sex, color, national origin, religion, age, sexual orientation, marital status, genetic information or disability, including limited English proficiency.