

## SCHOOL CITY OF HOBART EMERGENCY FORM

SCHOOL YEAR 2014 TO 2015

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 &amp; SISTERS (INCLUDE STEP-SIBLINGS) \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

**EMERGENCY CONTACTS WHEN PARENTS ARE NOT AVAILABLE, WHOM SHOULD WE CONTACT LOCALLY?**1<sup>ST</sup> CONTACT \_\_\_\_\_  
NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_2<sup>ND</sup> 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 \_\_\_\_\_

PARENT OR GUARDIAN

DATE

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

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