

EMERGENCY MEDICAL INFORMATION PLEASE PRINT

Grade _____

STUDENT NAME:

_____ LAST FIRST MIDDLE

D.O.B.:

ADDRESS:**E-MAIL ADDRESS:****FATHER'S NAME****MOTHER** (INCLUDE MAIDEN)**OTHER AUTHORIZED ADULT****HOME #****HOME #****HOME #****CELL#****CELL#****CELL #****EMPLOYER****EMPLOYER****EMPLOYER****HOURS****HOURS****HOURS****WORK #****WORK #****WORK #****HEALTH / ILLNESS****Physician:** _____ Telephone # _____ **Dentist:** _____ Telephone # _____

Note any special medical/physical needs, including allergies and daily medications.

I hereby give my consent in an acute emergency situation due to an accident or illness and I cannot be reached or the individual who is listed above for emergencies cannot be reached, to St. Charles School, under the direction of the principal, to transport via Hartland Paramedics Ambulance. My hospital of preference would be:

____ Aurora Summit (262-434-1000) ____ Waukesha Memorial Hospital (262-928-2000) ____ Oconomowoc Memorial Hospital (262569-9119)

Signature: _____ **Date** _____

EMERGENCY CLOSING INFORMATION:

FAMILY LAST NAME: _____

CHILD NAME	GRADE

PARENT NAME	HOME#	CELL#	WORK#

In case of an emergency or an early unplanned school closing due to weather, please indicate the appropriate action the school should take in directing your child/ren.

_____ If school closes early, **my child is to come home as usual**. If I am not home, my child has been given instructions on how to get into the house.

_____ If school closes early, **transportation has been prearranged** with another adult driver. Name & No.: _____

_____ If school closes early, **please contact me**. I will come and pick him/her up A.S.A.P. My child will stay at school until I arrive.

If the school is unable to contact you or you are unable to pick up your child/ren, please list authorized individuals who we may contact/release your child/ren to:

Name of Authorized Person(s)	Relationship	Home Number	Cell Number	Work Number

**IF ANY INFORMATION ON THIS FORM CHANGES DURING THE COURSE OF THE YEAR,
PLEASE NOTIFY THE SCHOOL OFFICE**