

ADDRESS:		E-MAIL ADDRESS:	
FATHER/GUARDIAN		MOTHER (INCLUDE MAIDEN)	
HOME #		HOME #	
CELL#		CELL #	
EMPLOYER		EMPLOYER	
HOURS		HOURS	
WORK #		WORK #	

HEALTH/ILLNESS

Person To Contact If Parents Are Unavailable: _____ Telephone # _____ Cell# _____
Physician: _____ Telephone # _____ **Dentist:** _____ Telephone # _____

If child/ren have any special medication or physical need, please identify child/ren: _____
 Specify: _____

Nonprescription Drugs: _____ **I DO NOT** give permission for my child/ren to be given the following for headaches, sore throat, earaches, etc. when the need arise
 _____ **I DO** give permission for my child/ren to be given the following for headaches, sore throat, earaches, etc. when the need arise

Please Circle: COUGH DROPS BENADRYL IBUPROFEN SUDAFED TYLENOL OTHER _____

**SEND ORIGINAL LABELED MEDICATION ALONG WITH AUTHORIZATION FORM WITH THE STUDENT'S NAME ON THE BOTTLE
 (school doesn't supply medication)**

I agree to hold the school, its employees, and agents who are acting within the scope of their duties, harmless in any and all claims arising from the administration of medication.

Signature: _____ **Date:** _____

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, either to the (check one or both)
 _____ Waukesha Memorial Hospital (544-2267) _____ Oconomowoc Memorial Hospital (569-9119)

EMERGENCY CLOSING

Please list your child/ren and grade level.

CHILD NAME	GRADE	DATE OF BIRTH

FAMILY INFORMATION

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 EITHER SIDE OF THIS FORM CHANGES DURING THE COURSE OF THE YEAR,
PLEASE NOTIFY THE SCHOOL OFFICE**