

DROUGHT SCHOOL EMERGENCY INFORMATION

NORWAY JT. 7 SCHOOL DISTRICT

PLEASE BE SURE TO COMPLETE BOTH PAGES OF THIS FORM

Student Info:

First Name	Middle	Last	M	F	D.O.B.	Grade

Mailing Address	City	Zip	Home Phone

Parent Info:

Name of Father/Guardian	Place of Work	Work Phone Number	Cell Phone Number

Name of Mother/Guardian	Place of Work	Work Phone Number	Cell Phone Number

Email Address to send student info. Such as monthly newsletters, etc.:

Permission to give out directory data (phone number, etc.) to community members:

___ Yes ___ No Yes, with restrictions: _____

Student's nationality (for statistical purposes only – state proficiency tests require this information):

White Asian Hispanic African American

Other _____

City & State student was born in:

Student lives with:

Both mom and dad

Joint Custody (Days with Mom: _____ Days with Dad: _____)

Guardian (State relationship to student: _____)

Comments: _____

If a child becomes ill and parents are not available contact (in order, please):

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

Medical Info:

Family Doctor	Phone	Family Dentist	Phone
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Do any of the following conditions apply to the student?

Asthma	Allergies (Please list below and treatment necessary)	Heart Disease
	Other (Please list below)	None

Please sign below to all three areas:

All information given is correct and accurate to the best of my knowledge:

Signature of Parent/Guardian	Date
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In the event that treatment is required and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school to exercise their own judgment in calling the physician indicated on the other side or if not available, to transport the child to a hospital emergency room. Your signature below is not sufficient for the release of confidential information protected by Federal Law.

Signature of Parent/Guardian	Date
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Please sign to give permission for information to be shared with the staff of Drought (i.e. medical information such as asthma or allergies, etc.).

Signature of Parent/Guardian	Date
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