

Student ID# _____

Bus # _____

**Morgan County Schools
Emergency Information Form**

School: _____ Grade: _____ Home Room Teacher: _____

Student / Family Information:

Student's Name (Last) _____ **(First)** _____ **(MI)** _____

Date of Birth: _____ Sex: Male _____ Female _____

Ethnicity: Hispanic _____ White _____ Black _____ Asian _____ AmerInd _____ Pacific _____

Mailing Address: _____ Home Telephone: _____

_____ Cell Phone: _____

_____ E-Mail Address: _____

Medical Insurance: Insurance Company _____ Medicaid _____ Uninsured _____

Directions to your home: (Physical Address) _____

Marital Status of Parents: † Married † Divorced † Single † Widowed

Parent(s):

Name: _____ Home: _____ Cell: _____ Employer: _____ Work: _____

Name: _____ Home: _____ Cell: _____ Employer: _____ Work: _____

*****Please provide a phone number for Automated Call System:** _____

*****Please provide a phone number for Text Alerts:** _____

List the names and ages of people in the household:

_____	_____
_____	_____
_____	_____

Emergency Information:

List the names and info for each person who may be contacted in the event your child becomes ill or has an accident. In addition, please check the pickup box if that person is allowed to pickup your child(ren) from school.

(Please list the people in the order that you wish to be contacted.)

Name _____	Relationship to child _____	Phone # _____	Pickup _____
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Name _____	Relationship to child _____	Phone # _____	Pickup _____
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Name _____	Relationship to child _____	Phone # _____	Pickup _____
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Are there any Pick-up Restrictions: Yes _____ No _____ **must provide legal documentation**

EARLY DISMISSAL FROM SCHOOL INFORMATION

WHAT MUST YOUR CHILD DO IN CASE SCHOOL IS LET OUT EARLY? WE WILL NOT BE ABLE TO CALL PARENTS BECAUSE OF THE PHONE LINES BEING TIED UP. PLEASE HAVE A PLAN AND MAKE SURE YOUR CHILD KNOWS WHAT TO DO.

Student/Parent Handbook

*****You have been given the Parent/Student Handbook. Please go over this information with your child. It contains school rules, policies, and procedures. Please sign below once you read the Handbook.**

Parent Signature: _____ **Date:** _____

******Please complete back of form for medical and emergency information.....THANK YOU!******

Medical Information:

Recent immunizations: Yes: ____ No: ____ *please provide a copy of recent immunizations to the school nurse

List allergies (medications/bees/food): _____ Epipen: Yes: ____ No: ____

List any serious medical conditions (i.e. asthma, seizures, diabetes): _____

List any Behavioral/mental health issues: _____ Doctor: _____

Does your child require daily or emergency medications at school? Yes ____ No ____

Please List Any Medications:

***If you answered yes to any of the last two questions, please contact the school nurse ***

Family Doctor: _____ Phone: _____ Date of last Physical: _____

Family Dentist: _____ Phone: _____ Date of Last Exam: _____

SCHOOL EMERGENCY PROCEDURES

Morgan County Schools have adopted the following procedures in caring for your child when he/she becomes sick or injured at school:

1. Life threatening situations: An ambulance will be called and emergency treatment will be provided, parents will be notified as soon as possible.
2. In a non-threatening emergency: First aid treatment will be provided and parent called. If there is no answer, the next emergency number will be called and so on. If we have the parents' work number, it will be called.
3. If none of the above answer, the school will call an ambulance, if necessary, to transport the child to a local medical facility.
4. The school will continue to call the parents, guardians or physicians until someone is reached.
5. I understand the need and responsibility of providing accurate and updated phone numbers as well as a having a plan in place for your child in the event they become ill or in case of an emergency.

If I cannot be reached and the school authorities have followed the procedures described, I will not hold the school or its designees liable and understand all expenses for transporting and medically treating this student will be the parent's responsibility.

Parent/Guardian Signature _____ Date: _____

If you cannot agree to this emergency treatment, you must provide an alternative plan. Please provide adequate detail and sign to indicate approval.

ALTERNATE EMERGENCY PLAN

Parent/Guardian Signature _____ Date: _____