Oscoda Area Schools Student Emergency Information

Student Information

Last	First	Middle	Date of Birth	Gender
				☐ M ☐ F

School	ID Number	Grade	Teacher	Bus AM/PM

☐ Student has medical alert information on file　　☐ Custody agreement governing child on file

Allergies:

Medical Information:	Name of Doctor:
Name of medication taken regularly:	Doctor's Phone:

Parent/Guardian Information

Last	First	Home Phone:
		Cell Phone:

Street Address	City	Zip	Work Phone:
			Work Place:

Mailing Address, if different:	E-mail Address:

Relationship		
	☐ Resides with	

Last	First	Home Phone:
		Cell Phone:

Street Address	City	Zip	Work Phone:
			Work Place:

Mailing Address, if different:	E-mail Address:

Relationship		
	☐ Resides with	

Other Contact Information

Please list below four people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency.
These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship to Student	Home Phone	Work/Cell Phone

In the event of an emergency, if a parent cannot be contacted, I authorize the officials of the Oscoda Area School District to contact persons named above. I also authorize the named physician to render any emergency treatment deemed necessary. In the event that a parent, an emergency contact or my child's physician cannot be reached, I authorize school officials to take whatever action is deemed necessary. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

DO NOT RELEASE STUDENT TO: _____

Please note: The school cannot deny any parent access to his/her child unless a court order or other legal document has been presented to the school.

Signature of Parent/Guardian	Date