

# Tussey Mountain School District

## Emergency Card

Bus # \_\_\_\_\_

**Please use a BLACK or BLUE pen to complete this form**

**\*\*Staff, Office and Nurse have copies of this card unless you notify us otherwise\*\***

Student Name:		Grade/Homeroom:	
Street Address: (please include P.O. Box if applicable)			Zip:
Town:		County:	
Gender (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Home Phone:	
Person(s) child lives with & relationship:			

Fathers Name:	Address (if different from child)	Home Phone:
Email Address:	Work Phone:	Cell Phone:
Mothers Name:	Address: (if different from child)	Home Phone:
Email Address:	Work Phone:	Cell Phone:
Babysitter Name/Address (if applicable)		Phone:
Can babysitter be called as a person to provide transportation for your child?    Yes _____    No _____		

In cases of illness or injury, when neither parent/guardian can be reached, PRINT name(s) of individual(s) who should be contacted. You are giving permission for the person(s) listed below to be contacted in case of an emergency. Your child will ONLY be permitted to leave with those listed on this form.	
Contact Name & Relationship	Phone number (s)
Contact Name & Relationship	Phone number (s)
Contact Name & Relationship	Phone number (s)

Use back if additional space is needed.

Are there <b>custody issues</b> with your child: Yes _____ No _____	<b>If yes, you MUST provide updated documentation to the school. Have you provided this information to the school? Yes _____ No _____</b>
Doctor and phone number:	Hospital:

**\*\* Please notify bus drivers, coaches, or extra curricular personal of any health concerns for your child\*\***

I give permission to the staff of the Tussey Mountain School District to use their best discretion to transport or make arrangements for the transportation of my child for medical care. I also agree to sign permission for medical treatment declared immediately necessary by the physician, in the event that I or persons listed cannot be contacted. Permission is also granted for the school nurse to provide emergency treatment until further medical help is available. I further understand that all costs of emergent medical treatment provided shall be my sole responsibility as the student’s parent/guardian.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_