



DUSD #27 EMERGENCY CONTACT/STUDENT INFORMATION SHEET

Legal Name: _____ School: _____ Grade: _____
(Last Name) (First Name) (Middle Name)

Sex: M ___ F ___ Date of Birth: _____ Physical/Mail Street Address/City/Zip: _____

Parent/Guardian E-Mail: _____

Home phone: _____ Cell #'s: (Mother) _____ (Father) _____

Student lives with: mother ___ father ___ legal guardian ___ other ___

*Please note any custody issues _____
(papers must be on file with the school)

Mother's Name (first & last name): _____

Place of employment: _____

Work Address: _____ Work phone #: _____

Father's Name (first & last name): _____

Place of employment: _____

Work Address: _____ Work phone #: _____

Legal Guardian's Name (first & last name): _____

Place of employment: _____

Work Address: _____ Work phone #: _____

Board policy permits the school nurse to give the following over the counter medication after evaluation of the students condition and parental permission.

- 1. Non Aspirin, 1 or 2 tablets, once during the school day, for minor pain
2. Antibiotics ointment for minor infections.

I give the school nurse permission to give the above medication to my child. Yes No

*Student's Allergies: _____

**Please Note: It is the parents' responsibility to immediately notify the school of any changes in the information provided on this sheet.

ADDITIONAL PERSONS (NOT INCLUDING PARENTS) AUTHORIZED TO PICK-UP MY CHILD: Parent/guardian listed above and only those listed below will be allowed to pick-up my child. Proper identification will be required.

In case of an emergency, attempts will be made to contact parents first, if we are unable to reach a parent the emergency contacts noted below will be contacted.

Emergency Contact: _____
(Name)
(Relationship to child) (Phone)

Emergency Contact: _____
(Name)
(Relationship to child) (Phone)

Emergency Contact: _____
(Name)
(Relationship to child) (Phone)

Please DO NOT release my child to the person(s) Listed Below: Please list full names and provide New Student Center with court order or restriction orders.

Full Name: _____

In case of accident or serious illness, I request the school contact me. In case of an emergency, I give permission for my child to be treated at the hospital if necessary. I understand that I am responsible for all related charges.

Parent/Guardian Signature _____ Date _____