EMERGENCY FORM - MOTHER SETON SCHOOL, EMMITSBURG, MD 2017-2018

INSTRUCTIONS TO PARENTS:

Complete side 1 & 2 - Please place N/A if does not apply - Please be sure to sign and date the form.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY. - PLEASE PRINT ALL INFORMATION UNLESS NOTED

STUDENT INFORMATION

CHILD'S GRADE _____

Child's Name _____ Birth Date _____
Last First

Child's Home Address _____
Street/Apt. # City State Zip

FATHER'S INFORMATION

Father's Name _____ Home Phone _____
Last First

Father's Employer/School _____
Name Address

Father's Home Address (if different from above) _____
Street/Apt # City State Zip

Work Phone _____ Cellular Phone _____ E-mail _____

MOTHER'S INFORMATION

Mother's Name _____ Home Phone _____
Last First

Mother's Employer/School _____
Name Address

Mother's Home Address (if different from above) _____
Street/Apt # City State Zip

Work Phone _____ Cellular Phone _____ E-mail _____

STEP PARENT/GUARDIAN INFORMATION

Step Parent/Guardian Name _____ Home Phone _____
Last First

Step Parent/Guardian Employer/School _____
Name Address

Step Parent/Guardian Home Address (if different from above) _____
Street/Apt # City State Zip

Work Phone _____ Cellular Phone _____ E-mail _____

AFTERNOON TRANSPORTATION INFORMATION

PLEASE CHECK AND LIST BUS NUMBERS

_____WALKER _____CAR RIDER _____BUS RIDER

MSS BUS (FREDERICK RUN) _____ MSS BUS (TANEYTOWN RUN) _____

WAYNESBORO BUS _____ GETTYSBURG BUS _____ FAIRFIELD BUS_____

TURN OVER FOR PAGE 2

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT TO THE PUPIL AND IN THE EVENT THE PARENT/S CANNOT BE REACHED, PLEASE INDICATE BELOW THE NAME AND PHONE NUMBERS OF TWO PERSONS WHO COULD PICK UP AND TAKE HOME YOUR CHILD IN A TIMELY MANNER. THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW. (PLEASE LIST AS 1,2 IN ORDER OF DESIRED CONTACT)

1. **NAME**_____ **RELATION TO CHILD**_____
   LAST **FIRST**

   HOME PHONE_____ **CELL #**_____ **WORK #**_____

2. **NAME**_____ **RELATION TO CHILD**_____
   LAST **FIRST**

   HOME PHONE_____ **CELL #**_____ **WORK #** _____

CHILD'S PHYSICIAN OR SOURCE OF HEALTH CARE_____**PHONE #**_____

CHILD'S DENTIST _____**PHONE #**_____

DOES YOUR CHILD HAVE SCHOOL INSURANCE _____**YES** _____**NO**

HEALTH INFORMATION

Complete the following items, as appropriate, if your child has a condition(s) of which you want us to be aware of.

Child's Name_____**Birth Date**_____

Medical Conditions(s)_____

_____

Medications currently being taken by your child _____

_____

Allergies/Reactions _____

Food Allergy_____ **Medicine**_____ **Other**_____
(PLEASE LIST WHAT YOUR CHILD IS ALLERGIC TO)

EMERGENCY MEDICAL INSTRUCTION (IF APPLICABLE)

1. **Signs/symptoms to look for**_____
2. **If signs/symptoms appear, do this:**_____
3. **To prevent incidents:**_____

In <u>EMERGENCIES</u> requiring immediate medical attention, your child will be taken to the <u>NEAREST HOSPITAL</u> <u>EMERGENCY ROOM</u>. Your signature authorizes the responsible person at your child's school to have your child transported to the hospital. I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.

PARENT/GUARDIAN SIGNATURE **DATE:**_____

_____ _____

Parent/Guardian (PLEASE PRINT) **Signature of Parent/Guardian** **7/17**