|  |  |
| --- | --- |
| |  | | --- | | Emergency Contact Information  Please print information and give to your teacher as soon as possible. **Students are not allowed to go on first Friday field trips without this form!**  **CLASS / TEACHER : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| |  |  |  |  | | --- | --- | --- | --- | | Student Last Name: | Student First Name: | | MI: | | Date of Birth: | Sex: | ID# | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Parent/Guardian: | | Relationship: | | | | Parent’s preferred language of communication: | | Written: | | Oral: | | Home phone: | Work phone: | | Cell phone: | |  |  |  |  |  | | --- | --- | --- | --- | | Email address: | | | | | Home Address: | Apt. | Borough | Zip | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Other Parent/Guardian: | | Relationship: | | | | Parent’s preferred language of communication: | | Written: | | Oral: | | Home phone: | Work phone: | | Cell phone: | |  |  |  |  |  | | --- | --- | --- | --- | | Email address: | | | | | Home Address: | Apt. | Borough | Zip | |

List below names of three persons who may be called in case of an emergency. Child will be released ONLY to persons named on this emergency contact information.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Name: | Phone: | Relationship: | | Name: | Phone: | Relationship: | | Name: | Phone: | Relationship: | |

If there is a person who may NOT have access to child, please indicate:

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Name: | Relationship: | Order of protection exists? Yes or No | |

Principal will be notified in writing of any changes to information on this form.

|  |  |
| --- | --- |
| Signature of parent/guardian: | Date: |

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| --- | --- | --- |
| |  | | --- | | Walking Field Trip Permission  To give permission for your child to participate in walking field trips, please fill out this form and return it to your child’s teacher. We will keep the information on file and you will be notified in advance of any walking trips your child may take. Please contact your child’s teacher if you have any questions regarding trips planned for the year. | | |
| |  |  | | --- | --- | | Student’s Name: | Class: | | |
| |  |  |  | | --- | --- | --- | | I, |  | , the parent/guardian of the student named above, hereby | | |
| give my permission for my child to take part in MSC walking field trip(s) during the 2016 – 2017 school year. | |
| Signature of parent/guardian: | Date: |

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| --- | --- | --- |
| |  | | --- | | Dismissal and Afterschool Routines | | |
| |  | | --- | | In an emergency, I can be reached at: | | Person(s) permitted to pick up my child from school: |  |  |  | | --- | --- | | Name: | Phone: | | Name: | Phone: |  |  | | --- | | On the following weekdays, my child will be attending an afterschool program and will be picked up by: |  |  |  |  | | --- | --- | --- | | Day of the week | Name of organization or person | Contact Phone | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | |
| Signature of parent/guardian: | Date: |
| Child’s Name: | Class: |

|  |  |
| --- | --- |
| |  | | --- | | Health Information | |
| |  |  | | --- | --- | | Name of physician/clinic: | Phone: | | Does child have any health condition that may affect participation in physical activities? Yes or No | | | Limitations (ex: stair climbing, participation in gym): | | | Allergies: | | | 504 services for the current year? Yes or No | Previous Year? Yes or No |  |  |  |  | | --- | --- | --- | | My child has (“x” any that apply): Private health insurance? | Medicaid? | No health insurance? |  |  |  |  | | --- | --- | --- | | If “No health insurance,” are you willing to share information from this form to learn about insurance options? Yes or No | | | | If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured? | | | | It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible. | | | | Siblings Last Name | Siblings First Name | School of Attendance | |  |  |  | |  |  |  | |  |  |  | |

**BELOW IS FOR SCHOOL USE ONLY:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | List below contacts made for emergency, illness or injury. Relevant records from Health Record: | | | | | Date | Contact | Reason | Disposition | |  |  |  |  | |  |  |  |  | |  |  |  |  | |