

# STUDENT EMERGENCY CONTACT FORM

**Return - Required**

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
City, & Zip Code \_\_\_\_\_ Preferred Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Student lives with parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student lives with parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship (circle one):</b> <i>Father Mother Grandparent Guardian Stepfather Stepmother Foster-parent Other</i>	<b>Relationship (circle one):</b> <i>Father Mother Grandparent Guardian Stepfather Stepmother Foster-parent Other</i>
Last Name _____	Last Name _____
First Name _____	First Name _____
Same as Student's Address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If address is different from above, please provide address:</i>	Same as Student's Address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If address is different from above, please provide address:</i>
Street Address _____	Street Address _____
City, State, & Zip Code _____	City, State, & Zip Code _____
Place of Work/Employment _____	Place of Work/Employment _____
Work Phone Number _____	Work Phone Number _____
Home Phone Number _____	Home Phone Number _____
Cell Phone Number _____	Cell Phone Number _____
E-Mail Address _____	E-Mail Address _____

## EMERGENCY CONTACT INFORMATION *(Other than Parent/Guardian listed above)*

***No child will be dismissed to anyone other than the persons designated by the parent/guardian.***

Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____	Relationship _____
Home Phone Number _____	Home Phone Number _____
Cell Phone Number _____	Cell Phone Number _____
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized for pick-up	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized for pick-up
Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____	Relationship _____
Home Phone Number _____	Home Phone Number _____
Cell Phone Number _____	Cell Phone Number _____
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized for pick-up	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized for pick-up

## HEALTH FACTORS

Allergies \_\_\_\_\_ Life Threatening? Yes No  
Other Health Factors \_\_\_\_\_ Life Threatening? Yes No  
Medications Taken at School? Yes No *(If Yes, please complete Prescription Drug Authorization form)*

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

***Please see back side***

# STUDENT EMERGENCY CONTACT FORM

## LEGAL CONTACT RESTRICTIONS

- Check box with "X" if legal restrictions are in effect prohibiting certain person(s) from contact with your child.  
***The principal must be provided with a copy of the court order that prevents the people you list below from visiting your child at school:***

\_\_\_\_\_  
Last Name (please print)      First Name (please print)      \_\_\_\_\_  
Last Name (please print)      First Name (please print)

***Parent/Guardian must notify the school whenever there is a change of information or legal restrictions that may have implications for the student.***

In case of serious illness or injury, the principal or designee will contact the City of Milwaukee Fire Department Emergency Medical Service at 911, if emergency medical care is required. Parents/Guardians are responsible for all conveyance and medical expenses incurred on behalf of their children. I give permission for my child to be treated by emergency personnel:

\_\_\_\_\_  
Signed (Parent/Guardian)

\_\_\_\_\_  
(Date)

## PARENT/GUARDIAN CONSENT FOR EXTRA CURRICULAR AND OFF-CAMPUS EDUCATIONAL ACTIVITIES, INCLUDING FIELD TRIPS:

I hereby give my consent to have my child, \_\_\_\_\_, take part in any and all school board approved activities/field trips arranged by the school unless I notify the principal in writing to the contrary. The consent will remain in force until revoked by me on written notice to the principal.

\_\_\_\_\_  
Signed (Parent/Guardian)

\_\_\_\_\_  
(Date)

## I have read and agree to abide by the Hartford Transportation and Dismissal Policies, including:

- ✓ Morning playground supervision starts at 7:25 am.
- ✓ Parents must notify their child's teacher in writing in advance by the morning of the day in question to change a child's normal routine temporarily. Teachers will insist the child follow his or her normal routine unless they have a note from a parent.
- ✓ The office cannot arrange transportation changes by phone on the day in question.
- ✓ For a permanent/ long term change in a child's transportation, contact the school office at 906-4700. Allow up to two weeks for the change. Be sure your child and your child's teacher are clear about arrangements during the transition.
- ✓ Children may be signed out and picked up by parents in the auditorium starting at 2:15.
- ✓ Students must be picked up and signed out by 2:30 p.m.
- ✓ Children may not be picked up on the sidewalk or playground areas.
- ✓ Park in the lot when picking a child up.
- ✓ Children who walk home must have parent permission on file and must sign themselves out daily.
- ✓ No child may stay after school unless he or she is directly supervised by an adult. Children may not stay after school with siblings who are engaged in after school activities.

\_\_\_\_\_  
Signed (Parent/Guardian)

\_\_\_\_\_  
(Date)