

LOCKPORT CITY SCHOOL DISTRICT EMERGENCY HEALTH FORM

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F  
(Last) (First) (M)

Student Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**DO NOT RELEASE MY CHILD TO:** (Court Documentation Required): \_\_\_\_\_

Who does child live with: ( )Mother /Father same address ( )Mother ( )Father ( )Legal Guardian ( )Foster Parent

Legal documentation of Custody: ( )Yes ( )No If yes, please provide office with original court paperwork, we will make a copy.

**Mother Name:** \_\_\_\_\_ Mother Home# \_\_\_\_\_  
(Last) (First) Mother Cell# \_\_\_\_\_

Mother Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Employer \_\_\_\_\_ Mother Work# \_\_\_\_\_

**Father Name:** \_\_\_\_\_ Father Home# \_\_\_\_\_  
(Last) (First) Father Cell# \_\_\_\_\_

Father Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Employer \_\_\_\_\_ Father Work# \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ Relationship \_\_\_\_\_  
Guardian Home# \_\_\_\_\_ Guardian Cell# \_\_\_\_\_

Guardian Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Employer \_\_\_\_\_ Guardian Work# \_\_\_\_\_

**Diagnosed Medical Conditions:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_ **MEDICATIONS:** \_\_\_\_\_

**DOCTOR NAME:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **DENTIST NAME:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**IN CASE OF EMERGENCY:** IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE LIST SOMEONE YOU GIVE PERMISSION TO DURING THE DAY TO PICK UP YOUR CHILD

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell #: \_\_\_\_\_ Work: # \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell #: \_\_\_\_\_ Work: # \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

In the event of an accident or serious illness requiring immediate medical intervention, every effort will be made to contact the parent/guardian. If the school is unable to contact the parent/guardian or the person indicated above, I authorize the school to transport my child. Please note: Local rescue team will transport according to medical direction provided by Emergency Medical Systems (EMS). I understand that some information on this form is confidential and may be shared with school/transportation personnel to protect my child's health and safety while at school.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **H-17, 01,2013**