

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**