



EMERGENCY CONTACT 2019-2020

Entering (circle one): 2s 3s 4s 5s				Teacher:					
Student Name (Last, First & Middle)				Preferred / Nickname		Date of Birth		Gender	
PARENT/Guardian 1 Name				PARENT/Guardian 2 Name					
Home Phone		Cell Phone		Home Phone		Cell Phone			
Work Phone				Work Phone					
Home Address				Home Address (<input type="checkbox"/> check if same as Parent/Guardian 1)					
City, State, Zip				City, State, Zip					
<input type="checkbox"/> E-mail:				<input type="checkbox"/> E-mail:					
<input type="checkbox"/> Work Email:				<input type="checkbox"/> Work Email:					
Student lives with (check more than one box if applicable):				<input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian					

Student Pick-Up Permission Contacts (must list at least 1)

Photo I.D. required for pick-up

Authorized Pick-Up Contact Name				Authorized Pick-Up Contact Name			
()		()		()		()	
Home Phone		Cell Phone		Home Phone		Cell Phone	
()		Relationship to Child		()		Relationship to Child	
Work Phone				Work Phone			

Alternative Emergency Contacts (must list at least 1)

In the event I/we cannot be reached, the Landmark Preschool staff has my/our permission to contact the people listed below for the care of my child.

Alternate Emergency Contact Name				Alternate Emergency Contact Name			
()		()		()		()	
Home Phone		Cell Phone		Home Phone		Cell Phone	
()		Relationship to Child		()		Relationship to Child	
Work Phone				Work Phone			
Alternate Emergency Contact Name				Alternate Emergency Contact Name			
()		()		()		()	
Home Phone		Cell Phone		Home Phone		Cell Phone	
()		Relationship to Child		()		Relationship to Child	
Work Phone				Work Phone			

PARENT Employment Information

PARENT/Guardian 1 Employer

PARENT/Guardian 2 Employer

Work Address

Work Address

City, State ZIP Code

City, State ZIP Code

Medical Information

Medical Conditions

Allergies

Known sensitivity to drugs

Other

I/We hereby give my/our permission to the officials of Landmark Preschool for he/she to be taken to the hospital, doctor, or dentist if an accident or serious illness occurs in school and I/We or my/our designates cannot be located. I/We hereby give my/our permission for school personnel to exchange medical information with health care providers for legitimate health needs.

Parent's/Guardian's Signature

Date

Insurance: My son/daughter is covered under an effective insurance policy with:

ID#

Potassium Iodide Authorization

As part of our emergency preparedness plans, we have included Potassium Iodide in our supply kit.

Potassium Iodide (KI) is administered in the event of exposure to radiation, and works to protect the thyroid.

In case of a nuclear accident, radioiodine, a carcinogen, may be released into the air and spread by the wind over a large area. KI prevents the absorption of radioiodine by saturating the thyroid with stable iodine.

Since KI is most effective when administered in a timely fashion, it has been recommended by the Town of Westport that having it available on our campus is a sensible precaution.

KI would be administered by school personnel only in a declared nuclear emergency. **People with a known allergy to iodine should NOT take KI.** If you are unsure about whether your child should have KI, please check with your physician. We hope that this extra measure of preparedness helps you feel secure about your child's safety in the event of an emergency. Please sign below, and return this form.

We, _____, **consent that we (please check one):**

- do** want our child, _____, to be given Potassium Iodide (KI) in the event of a nuclear emergency.
- do not** want our child, _____, to be given Potassium Iodide (KI) in the event of a nuclear emergency.

PARENT's/Guardian's Signature

Date