

The Quaker School at Horsham Emergency Contact Information Form 2019-20

Student Full Name (First, Middle, Last): _____

DOB: _____

EMERGENCY CONTACTS: Parents are always called first whenever there is an emergency regarding their child. However, when parents can't be reached, it is important for TQS to be able to contact authorized emergency contacts. List the emergency contacts for your child below in the order they should be contacted.

Do Not List Parents.

1. _____
First and Last Name of Contact _____
Relationship to Student

_____ Can pick up child at school: YES NO
Address *Circle Yes or No*

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

2. _____
First and Last Name of Contact _____
Relationship to Student

_____ Can pick up child at school: YES NO
Address *Circle Yes or No*

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

3. _____
First and Last Name of Contact _____
Relationship to Student

_____ Can pick up child at school: YES NO
Address *Circle Yes or No*

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Once my child is picked up from TQS by one of the emergency contacts, my child will:

- _____ Stay at home alone until a parent arrives.
- _____ Stay with emergency contact (indicate #1, #2 or #3): _____
- _____ Go to a neighbor's home (full name, address & phone number): _____

The Quaker School at Horsham Student Emergency Information Form 2019-20

Student Full Name: _____

Date of Birth: _____

Address (Street, City, State, Zip): _____

Parent/Guardian Name Home Phone # Work Phone # Cell Phone # Email

1. _____

2. _____

Medical Insurance Plan: _____ Policy #: _____ Group #: _____

Name, Primary Physician: _____ Phone #: _____ Year of Last Tetanus Shot: _____

Name, Dentist/Orthodontist: _____ Phone #: _____

Circle all that apply to your child:

Asthma Diabetes Seizures High Blood Pressure Heart Condition (Describe): _____

List all other medical conditions of your child: _____

All listed allergies require a Medical Action Plan to be completed and submitted to the school office.

Food Allergies Medication Allergies Other Allergies

Name of Current Medication Dosage Time Taken

I authorize I do not authorize School staff to give Acetaminophen/Tylenol to my child as needed.
I authorize I do not authorize School staff to give Tums to my child as needed.
I authorize I do not authorize School staff to give first aid treatment to my child as needed.

All medications will be administered according to manufacturer's recommendations unless otherwise noted. The Quaker School at Horsham (TQS) will make every reasonable effort to contact the parents or guardians of an injured student. In a case where the school is unable to contact the parents or guardians of a student, the school will call 911 or take the child to the nearest emergency room for treatment. We, the undersigned, parents/guardians, hereby give the school and the hospital, doctor or other health care provider permission to administer treatment until such time as we can be reached.

Signature of Parent/Guardian

Date