

Emergency Contact Information

Early Childhood

Independent School District 196
Rosemount - Apple Valley - Eagan Public Schools

Teacher _____ Grade _____

Student's Last Name _____ First _____ Middle _____

Male Female

School _____

Series Number 506.2.1.3P Adopted December 1987 Revised June 2012 Title Emergency Information – Early Childhood

Home Phone (____) _____ – _____ Unlisted Birthdate _____

Address _____ City _____ Zip _____ e-mail: _____

Parent or Guardian Information

1. (Last name, First name) _____ CODE _____

Home Phone (____) _____ – _____ Work Phone (____) _____ – _____ Cellular (____) _____ – _____ Other (____) _____ – _____

Address _____

City _____ State _____ Zip _____ e-mail: _____

CODE (relationship to student)	
F = Father	G = Guardian
M = Mother	X = Self
S = Step parent	GP = Grandparent
P = Foster parent	
O = Other	

2. (Last name, First name) _____ CODE _____

Home Phone (____) _____ – _____ Work Phone (____) _____ – _____ Cellular (____) _____ – _____ Other (____) _____ – _____

Address _____

City _____ State _____ Zip _____ e-mail: _____

BUS RIDER
<input type="checkbox"/> Yes
<input type="checkbox"/> No

Day Care Information: Name _____ Phone (____) _____ – _____

List **two** neighbors or relatives who will assume temporary care of child if you cannot be reached.

Name _____ Address _____ Phone (____) _____ – _____

Name _____ Address _____ Phone (____) _____ – _____

In case of serious accident or illness and I cannot be reached, I hereby authorize Dr. _____ to give necessary treatment. You may call him/her at phone (____) _____ – _____

Name and school for brothers or sisters presently attending school _____

Severe allergies (i.e., to bee stings, peanuts, milk, etc.) _____ **Describe** _____

Med. Asst. Eligible No Yes

Current medical information to be added to health record, i.e., immunization, illness, surgery _____

Significant chronic health concerns (diabetes, etc.) **and current medication(s)** _____

To Parent or Guardian:

The welfare of your child is our first consideration. In case of the serious injury or illness of a student in school, the following steps will be taken immediately: The school nurse will be called; emergency line 911 will be called, if deemed necessary, and you or the person designated on this emergency card will be called. If none of the persons listed can be reached, school personnel will implement emergency procedures to protect the health and safety of your child. It is your responsibility to make arrangements for proper care in case your child is injured or becomes too ill to stay in school when you are away from home.

There have been instances when we could not reach parents or guardians of injured or ill children because this card was not accurate. Please complete this card so we can keep our records up-to-date and initiate emergency care quickly. This information is confidential. Your signature acknowledges that this information will be maintained both at school and on the bus. If there are any significant changes in your child's health, please call to keep your child's school nurse informed.

X Signature of Parent or Guardian _____ Date _____

DATA PRIVACY ADVISORY

Pursuant to Minnesota Statutes 13.04, Subd. 2, you are hereby informed that the information supplied on this form may be used by school personnel that have a need to know the information in the event of an emergency. This may include teachers, principals, nurses or other school staff. You are not legally required to provide the information requested in this form, however failure to supply requested information may inhibit emergency procedures. In the event of an emergency, the information supplied on this form may be shared with other public and private individuals including, but not limited to, law enforcement personnel, doctors or paramedics, or listed emergency contact persons.