



Hamden Public Schools
Emergency Information
2020 - 2021
Important Please Print

Revised 12/22/16
For Office Use Only
Legal Restrictions on the release of child to non-custodial parent
Child has a medical condition

Student's Name: _____ Grade: _____ Primary Phone Number: _____

Date of Birth: _____ Gender: [] Male [] Female [] Non-Binary _____

Current Address: _____
(Include Apartment/Floor)

Student Lives With: (Please Specify): _____

Name of Custodial Parent(s)/Guardian(s): _____

In case of illness or accident it is vital that our office have a telephone number available where you can be contacted during the day.
PLEASE NOTIFY US OF ANY CHANGES DURING THE YEAR.

Parent/Guardian Name: _____ Employer: _____

Address (if different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

Parent/Guardian Name: _____ Employer: _____

Address (if different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

List two people that we may contact during the school day and to whom your child may be released to if you cannot be reached. The two people listed below will be authorized to pick-up your child. You may add more names to the reverse side of the page.

Name: _____ Relationship to Student: _____
Address: _____
Home Phone: _____ Cell: _____ Work Phone: _____

Name: _____ Relationship to Student: _____
Address: _____
Home Phone: _____ Cell: _____ Work Phone: _____

Are there any legal restrictions on the release of your child or his/her records to non-custodial parent?
[] Yes [] No If yes, please specify and provide documentation to the principal.

[] In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary.

Hospital of Preference: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Is there any medical problem that we should be alerted to? _____

Parent/Guardian Signature: _____ Date: _____