

**GREENWOOD LAKE UNION FREE SCHOOL DISTRICT
STUDENT EMERGENCY INFORMATION SHEET 2023-2024**

PLEASE COMPLETE FRONT AND BACK

Building (Circle One): Elementary Middle Date: _____
Child's Full Name: _____ DOB: _____ Teacher: _____ Grade: _____

Mother's/Guardian's Name: _____ (C)# _____ (W)# _____ (H)# _____

Physical Address: _____

Mailing Address: _____ e-mail Address: _____

Father's/Guardian's Name: _____ (C)# _____ (W)# _____ (H)# _____

Physical Address: _____

Mailing Address: _____ e-mail Address: _____

CHILD/CHILDREN RESIDE WITH: _____

EMERGENCY CONTACT INFORMATION

In an emergency or major disaster during school hours, my child may be released to the following persons:

First Contact Name _____ Relationship: _____ (H): _____ (C) _____

Second Contact Name _____ Relationship: _____ (H): _____ (C) _____

Third Contact Name _____ Relationship: _____ (H): _____ (C) _____

UNSCHEDULED EARLY DISMISSAL PLAN

Please state clearly what procedure your child should follow in the event of an unscheduled early dismissal. The Greenwood Lake Union Free School District's automated system will notify you in the event of an unscheduled early dismissal. Please make sure all phone numbers are updated.

_____ Child is to follow regular dismissal routine

_____ Child is to follow alternate plan, stated below:

If your child is instructed by you to go to a neighbor, relative, or friend's home please indicate his/her name, address, phone number and bus number your child will need to ride:

Name of neighbor, relative, or friend: _____ Relationship to child: _____

Name of street or road: _____ Phone number: _____ Bus #: _____

I have read and discussed this plan with my child and understand that I NEED TO NOTIFY THE SCHOOL IF THIS PLAN OR ANY INFORMATION CHANGES.

Student's Signature

Parent's/Guardian's Signature

Date

Building (Circle One): Elementary

Middle

Child's Full Name: _____ DOB: _____ Teacher: _____ Grade: _____

CUSTODY INFORMATION

If applicable, please provide the following information and copy of the order to be kept on file.

Court Order received on date: _____ Person(s) Prohibited: _____

Student Released to: _____

Date: _____ Time: _____ Destination: _____

EMERGENCY MEDICAL INFORMATION

Please complete the information below to assist us in knowing current information about your child.

(This confidential information will be shared with the school personnel deemed appropriate by the health professional in your child's building.)

Known Allergies:

Current Medications:

Other Medical Information :

PHYSICIAN INFORMATION

Family Physician: _____ Physician's Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

If the School District is unable to reach the above Emergency Contacts in the order listed, we do hereby authorize the school district to call the family physician listed. In the event the physician cannot be reached, we do hereby authorize the school district to transport the child to a hospital emergency room if in the judgment of the school district such emergency treatment seems warranted. This authorization also includes authority to release pertinent medical records needed.

Date: _____ Parent's Signature: _____