

# Beecher Road School Emergency Form

Student Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Teacher: \_\_\_\_\_

Students address: \_\_\_\_\_

Parent 1: \_\_\_\_\_

Parent 1 address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Parent 1 email: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Parent 2 address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Parent 2 email: \_\_\_\_\_

Are there any legal restrictions on the release of your child to a non-custodial parent? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any legal restrictions on the release of your child's records to a non-custodial parent? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes** and in order for Beecher Road School to follow proper protocol please specify and **give legal documentation to the principal.**

In case of an accident or serious illness, I request that the school call me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow their instructions. If it is impossible to contact the physician, the school may make whatever arrangements are necessary.

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Is there a medical problem to which we should be alerted?: Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If you would like information on Husky Healthcare call 1-877-CT-HUSKY or email: [www.huskyhealth.com](http://www.huskyhealth.com)

List two people that we may contact during the school day or release your child to if you cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell#: \_\_\_\_\_ Cell#: \_\_\_\_\_