



Capital School District Emergency Treatment and Contact Information

Student Name: _____

School: _____

Child Resides with: _____

Relationship: _____

Address: _____

Relationship: _____

Bus No. To School: _____

Homeroom: _____

Bus No. From School: _____

Grade: _____

Daycare/ Sitter Name: _____

Birth Date: _____

Daycare Phone: _____

Gender (M/F): _____

Home Phone: _____

Guardian 1 Information

Name: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Place of Employment: _____

E-mail Address: _____

Step-parent/Spouse Name: _____

Place of Employment: _____

Business Phone: _____

Cell Phone: _____

Guardian 2 Information

Name: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Place of Employment: _____

E-mail Address: _____

Step-parent/Spouse Name: _____

Place of Employment: _____

Business Phone: _____

Cell Phone: _____

IF PARENTS/GUARDIANS CANNOT BE REACHED, CALL:

Name	Relationship	Work Phone	Home Phone
1			
2			
3			

Student's Physician: _____ Phone _____

Student's Dentist: _____ Phone _____

Insurance Information:

Provider: _____ Group #: _____ Policy #: _____ Medicaid # _____

Indicate student's medical problems: _____

Medication student takes regularly: _____

ALLERGIES (food, medication, environmental) _____

SCHOOL EMERGENCY PROCEDURES

In case of illness or injury, the school will attempt to contact both parents at all numbers available. If the parent is unable to be reached the emergency contacts will be called in the order they are listed. If no emergency contact is reached, appropriate medical care will be provided, including contacting the student's physician and transfer by ambulance (if necessary) to a medical facility for further care and evaluation. The school will continue to call the parents, guardians or physician until one is reached.

I have read and understand the School Emergency Procedure and I agree to its implementation. If I cannot be reached, I agree to assume responsibility for the cost of emergency care including transportation by ambulance if necessary. I consent to emergency care, treatment, surgery, diagnostic procedure, or the administration of anesthesia which may be carried out based on the medical judgement of the attending physician to ensure my child's health, safety and welfare.

Parent/Guardian Signature _____ Date _____

This information may be shared with school personnel on a "need to know" basis