



# Dansville Senior High School

## Emergency Information Authorization

Please return to the Dansville Senior High School Health Office

|                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Today's Date:                                                                                                                                                                                                                                  |                                                                    | Date of Birth                                                                                                                                                                   |  |
| Student's First Name                                                                                                                                                                                                                           |                                                                    | Student's Last Name                                                                                                                                                             |  |
| Place of Birth                                                                                                                                                                                                                                 |                                                                    | County of Residence                                                                                                                                                             |  |
| Grade Level:                                                                                                                                                                                                                                   |                                                                    | Sex : <input type="checkbox"/> F <input type="checkbox"/> M                                                                                                                     |  |
| Father's Name<br>(Legal/ Natural)                                                                                                                                                                                                              | Home<br>address                                                    | Phone Number                                                                                                                                                                    |  |
| Father's Place of<br>Employment                                                                                                                                                                                                                | Address                                                            | Work Phone<br>Number                                                                                                                                                            |  |
| Mother's Name<br>(Legal/ Natural)                                                                                                                                                                                                              | Home<br>address                                                    | Phone Number                                                                                                                                                                    |  |
| Mother's Place of<br>Employment                                                                                                                                                                                                                | Address                                                            | Work Phone<br>Number                                                                                                                                                            |  |
| With Whom does the student live?<br>Please check one <input type="checkbox"/> mother <input type="checkbox"/> Father <input type="checkbox"/> Both                                                                                             |                                                                    | School Information should be mailed to (please check one).<br><input type="checkbox"/> Mother's address <input type="checkbox"/> Father's Address <input type="checkbox"/> Both |  |
| Step Parent's Name                                                                                                                                                                                                                             | Father:                                                            | Mother:                                                                                                                                                                         |  |
| List Siblings and their<br>Date(s) of birth                                                                                                                                                                                                    |                                                                    |                                                                                                                                                                                 |  |
| If my child has to be taken home because of a minor illness and I am not there or cannot be reached, please call:                                                                                                                              |                                                                    |                                                                                                                                                                                 |  |
| #1 Relative/Friends Name                                                                                                                                                                                                                       | Relationship                                                       |                                                                                                                                                                                 |  |
| Address                                                                                                                                                                                                                                        | Phone                                                              |                                                                                                                                                                                 |  |
| #2 Relative/Friends Name                                                                                                                                                                                                                       | Relationship                                                       |                                                                                                                                                                                 |  |
| Address                                                                                                                                                                                                                                        | Phone                                                              |                                                                                                                                                                                 |  |
| Babysitter                                                                                                                                                                                                                                     | Relationship                                                       |                                                                                                                                                                                 |  |
| Address                                                                                                                                                                                                                                        | Phone                                                              |                                                                                                                                                                                 |  |
| Name                                                                                                                                                                                                                                           | Relationship                                                       |                                                                                                                                                                                 |  |
| Address                                                                                                                                                                                                                                        | Phone                                                              |                                                                                                                                                                                 |  |
| Is your child on any medication                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No           | If Yes, please specify:                                                                                                                                                         |  |
| Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                               | Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify                                                                                                                                                                         |  |
| Is there any other pertinent health<br>information we should know about?                                                                                                                                                                       |                                                                    |                                                                                                                                                                                 |  |
| In an emergency when you cannot reach one of the above, I authorize Dansville Senior High School to call:                                                                                                                                      |                                                                    |                                                                                                                                                                                 |  |
| Family Physician:                                                                                                                                                                                                                              | Phone: ( )                                                         | Fax ( )                                                                                                                                                                         |  |
| Address:                                                                                                                                                                                                                                       |                                                                    |                                                                                                                                                                                 |  |
| Name of Preferred<br>Hospital and Address:                                                                                                                                                                                                     | Phone: ( )                                                         | Fax ( )                                                                                                                                                                         |  |
| Family Dentist:                                                                                                                                                                                                                                | Phone: ( )                                                         | Fax ( )                                                                                                                                                                         |  |
| Address                                                                                                                                                                                                                                        |                                                                    |                                                                                                                                                                                 |  |
| If none of the above names can be reached, please take my child to the nearest Emergency Room by ambulance if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. |                                                                    |                                                                                                                                                                                 |  |
| My child has the following conditions which require special<br>handling in an emergency:                                                                                                                                                       |                                                                    |                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                                 |  |
| Signature of Parent or Legal Guardian                                                                                                                                                                                                          |                                                                    | Date                                                                                                                                                                            |  |