



**Emergency Contact and Medical Information for a Child
2020/2021 School Year**

Child's Name	Date of Birth	M	F	Sex
Parent's/Guardian's Name	Authorized to pick up	Parent's/Guardian's Name	Authorized to pick up	
Email Address	Email Address			
Mobile Phone	Work Phone	Mobile Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Relationship	Secondary Emergency Contact	Relationship
Mobile Phone	Work Phone	Mobile Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

Release: In case of emergency, accident, or serious injury in which medical treatment is required for the above named student, I request you attempt to contact me. If I am unable to be reached, my contact person will be tried. If no one is reachable, then my signature below authorizes the school to exercise their own judgement in contacting my physician and/or calling for an ambulance.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release CLCS and individuals from liability in case of accident during activities related to CLCS, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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For Emergency School Closure check all that apply: **Call Home** _____ **Call Cell** _____ **Call Business** _____ **Send Text** _____ **Send Email** _____

Cell Phone Carrier: _____ *This is needed in order to receive our emergency school text blasts.*