

NORTH BRANCH SCHOOL EMERGENCY INFORMATION

Student's Name: _____ Student's Date of Birth: _____

Parents' Names: _____ Home Phone #: _____

Mother's Place of Employment: _____ Mother's Work #: _____ Cell #: _____

Father's Place of Employment: _____ Father's Work #: _____ Cell #: _____

Name, address, and telephone number of nearest relatives, neighbors, or friends to be contacted if parents cannot be reached:

1. NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

In the event of emergency, we request that you take our child to:

Doctor: _____ Phone #: _____

Dentist: _____ Phone #: _____

Preferred Hospital Emergency Room: _____

(Please note: Either NBS staff or rescue squad members may make the decision to take your child to a different emergency room.)

Medical Insurance Carrier and Policy #: CARRIER: _____ POLICY#: _____

Allergies your child has and actions to be taken should an allergic reaction occur: _____

Specific health problems and any actions to be taken: _____

Chronic physical problems &/or pertinent developmental information that would be helpful to know: _____

Aftercare snack provided by NBS is pretzels- YES/NO (**circle one**) to give NBS permission to feed your child pretzels during aftercare.

MEDICATION PERMISSION: I authorize/I do not authorize (**circle one**) the North Branch staff to administer non-aspirin pain medication to my child. If you would prefer another type of over-the-counter medicine or homeopathic remedy, please provide us with this information AND the medicine:

Please list below names of any persons with whom your child may leave school. (Some parents choose to put "any NBS parent or teacher." This is entirely at your discretion and is not meant as a recommendation.) If someone will be picking up your child other than those listed we need to have written authorization:

AUTHORIZATION:

I authorize the North Branch staff to secure emergency care for my child if I cannot be reached.

My child has my permission to go on field trips with North Branch School in privately owned vehicles.

I understand that the school will notify me if my child becomes ill, and that I will arrange to have my child picked up as soon as possible. In the event the North Branch staff cannot reach either parent, the people listed on the front of this form may be contacted to pick up my child.

Parent's signature: _____ Date: _____