EMERGENCY INFORMATION
SCHOOL-AGE

It is important that every line be filled in on this form. If something is not applicable, please write N/A on the line.

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

Parent's Names: _____ Home #: _____

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

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

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

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

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 Information

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 and/or pertinent developmental information that would be helpful to know: _____
_____

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

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

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 this form may be contacted to pick up my child.

Parent's signature: _____ Date: _____