

Emergency Contact Information
Nonpublic School _____

Student's Last Name _____ First _____ Middle _____

Teacher _____ Grade _____

Male Female Birthdate _____

Address _____ City _____ Zip _____

Parent/Guardian Information, list in the order you wish to be contacted

Code (relationship to student)		
M=Mother	F=Father	G=Guardian
S=Step Parent	GP=Grandparent	
X=Self	P= Foster Parent	O= Other

1. (Last name, First name) _____ **Code** _____

Phone 1 (____) _____ - _____ Phone 2 (____) _____ - _____ Phone 3 (____) _____ - _____ e-mail: _____

Address (if different from student's) _____ City _____ State _____ Zip _____

2. (Last name, First name) _____ **Code** _____

Phone 1 (____) _____ - _____ Phone 2 (____) _____ - _____ Phone 3 (____) _____ - _____ e-mail: _____

Address (if different from student's) _____ City _____ State _____ Zip _____

Day Care Information: Name _____ Phone 1 (____) _____ - _____ Phone 2 (____) _____ - _____

List **two** neighbors or relatives who will assume temporary care of child if you cannot be reached.

Name _____ Phone 1 (____) _____ - _____ Phone 2 (____) _____ - _____

Name _____ Phone 1 (____) _____ - _____ Phone 2 (____) _____ - _____

In case of serious accident or illness and I cannot be reached, I hereby authorize _____ at (clinic name) _____ to give necessary treatment. You may call him/her at Phone 1 (____) _____ - _____

If transport to hospital is needed, do you have a hospital preference? Yes/If feasible, transport to: _____ No Preference

Allergies: Student has an Epipen Yes No for (list severe allergies): _____

Other allergies & briefly describe (list all: bee sting, food, medications, latex, pollen, etc.): _____

Medical conditions (asthma, ADD/ADHD, diabetes, seizures, chronic conditions; recent concussion or surgery, etc.) _____

Current medication(s): _____

Permission for the school nurse to administer to my child: Grades K-12: acetaminophen (generic Tylenol) Yes No | Grades 6-12: Ibuprofen Yes No

To Parent or Guardian:

The welfare of your child is our first consideration. In case of the serious injury or illness of a student in school, the following steps will be taken immediately: The school nurse will be called; emergency line 911 will be called, if deemed necessary, and you or the person designated on this emergency card will be called. If none of the persons listed can be reached, school personnel will implement emergency procedures to protect the health and safety of your child. It is your responsibility to make arrangements for proper care in case your child is injured or becomes too ill to stay in school when you are away from home. There have been instances when we could not reach parents or guardians of injured or ill children because this card was not accurate. Please complete this card so we can keep our records up-to-date and initiate emergency care quickly. Your signature acknowledges that this information will be maintained both at school and on the bus. If there are any significant changes in your child's health, please call to keep your child's school nurse informed.

X Signature of Parent or Guardian _____ Date _____

Data Privacy Advisory

The information you provide is classified as private data. Pursuant to Minnesota Statutes 13.04, Subd. 2, you are hereby informed that the information supplied on this form may be used by school personnel that have a need to know the information. This may include teachers, principals, nurses or other school staff. You are not legally required to provide the information requested in this form, however failure to supply requested information may inhibit emergency procedures. In the event of an emergency, the information supplied on this form may be shared with other public and private individuals including, but not limited to, law enforcement personnel, doctors or paramedics, or listed emergency contact persons.