

SCHOOL DISTRICT OF NEW BERLIN –STUDENT EMERGENCY INFORMATION

Student Name _____
Last First Middle

School _____ Grade _____ School Year _____ Date of Birth _____

Home Address _____ City _____ Zip _____

In case of emergency, which parent should be contacted first? _____

Parent email address _____

Mother's Name _____ Home Ph # (____) _____
Last First

Employer _____ Work Ph#(____) _____ Cell Ph#(____) _____

Father's Name _____ Home Ph # (____) _____
Last First

Employer _____ Work Ph#(____) _____ Cell Ph#(____) _____

PERSONS – OTHER THAN PARENTS- AUTHORIZED TO PICK-UP YOUR STUDENT IN CASE OF EMERGENCY: In case of illness or accident and I cannot be reached, I authorize one of the follow persons to act in my absence and release my student from school if necessary:

1. _____ Relationship to Student _____
Home Ph# _____ Cell Ph# _____ Work Ph# _____

2. _____ Relationship to Student _____
Home Ph# _____ Cell Ph# _____ Work Ph# _____

Medical Information

Student's doctor _____ Phone # (____) _____

Hospital preference: West Allis Waukesha Elmbrook Children's

Does your child wear glasses or contact lenses? Yes No

Has your child been diagnosed with any **health condition** (such as, but not limited to: asthma, severe allergies, diabetes, epilepsy, heart disease, eye/ear, ADHD, Mental Health, etc)? Yes No

Please describe: _____

My child takes the following medications at home on a daily or as needed basis: _____

My child takes the following medications at school on a daily or as needed basis: Medications taken at school require the Medication Administration Consent Form be completed by parent/guardian and/or physician.

I authorize the school to treat my child in case of an accident, illness or emergency. In case of an emergency, I authorize the EMS to transport to a medical facility. I give my permission to share necessary medical information with appropriate staff working directly with my child and in the interest of his/her health, safety and welfare.

Signature of Parent/Guardian _____ Date _____