



EMERGENCY FORM 2020-2021

(Please print legibly)

Student Last Name _____

Mother's Name _____ Home Phone _____

Mother's Address _____ Cell Phone _____

City, State, Zip _____ Work Phone _____

Occupation _____ Email _____

Company Name _____

Father's Name _____ Home Phone _____

Father's Address _____ Cell Phone _____

City, State, Zip _____ Work Phone _____

Occupation _____ Email _____

Company Name _____

Do not publish the above information in the school directory.

Names of Children:

1. Child's Name _____ Birthdate _____ Grade _____

Health Concerns _____

(allergies, medications, prostheses, contact lenses, etc.)

2. Child's Name _____ Birthdate _____ Grade _____

Health Concerns _____

(allergies, medications, prostheses, contact lenses, etc.)

3. Child's Name _____ Birthdate _____ Grade _____

Health Concerns _____

(allergies, medications, prostheses, contact lenses, etc.)

4. Child's Name _____ Birthdate _____ Grade _____

Health Concerns _____

(allergies, medications, prostheses, contact lenses, etc.)

PHOTO PERMISSION

Photos are taken at various events throughout the school year. We often publish these photos to highlight activities, accomplishments, special events, and/or other public relations purposes. This includes our school website, school social media, advertising and marketing materials, and local news media.

YES NO I give permission for my child(ren) photos and/or names to appear in all of the above.

EXTENSION

YES NO My student(s) will be using the Before/After School Extension Program.

TRANSPORTATION

YES NO My student has my permission to take public transportation, walk, and/or cycle to and from school.

(O V E R)

In the event of an emergency, school closure, illness, etc., my child(ren) may be released to the following. Please include all carpool drivers, neighbors, and other family members, as needed, to ensure a timely pickup of students.

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____

Your child(ren) will not be released to anyone other than those on this list. SMM School staff will remain with him/her until they are released as requested above. The school will provide updated local media announcements regarding school closures when possible and as frequently as possible. I understand it is the responsibility of my child(ren) to notify me upon arrival at their emergency destination.

MEDICAL CARE for our family is provided by:

Doctor's Name _____ Phone _____

Clinic/Address _____

MEDICATIONS, whether over-the-counter or prescriptions, can only be dispensed at school according to the requirements stated in the Parent-Student Handbook. Prescription labels and doctor forms are required, even for over the counter medications.

Parent Signature _____ Date _____