



# EMERGENCY FORM 2023-2024

(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☐ Do not publish the above information in the school directory.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 _____	Home Phone _____
Relationship _____	Cell Phone _____
	Work Phone _____
Name _____	Home Phone _____
Relationship _____	Cell Phone _____
	Work Phone _____
Name _____	Home Phone _____
Relationship _____	Cell Phone _____
	Work Phone _____
Name _____	Home Phone _____
Relationship _____	Cell Phone _____
	Work Phone _____
Name _____	Home Phone _____
Relationship _____	Cell Phone _____
	Work Phone _____
Name _____	Home Phone _____
Relationship _____	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 \_\_\_\_\_