

NORTHVILLE PUBLIC SCHOOLS

Emergency Information / Authorization for Emergency Treatment

Student Name ID # M/F Birth Date Grade Counselor

Student Address Primary Phone:

If parents are divorced: Legal Custody (Mother/Father/Both) Physical Custody (Mother/Father/Both)

STUDENTS IN SAME HOUSEHOLD:

EMERGENCY CONTACT INFORMATION

Persons to call in the event of an emergency. If we are unable to contact the student's parent(s) or guardian(s), the other contacts listed may be called and will assume temporary care of the student. Please ensure that information listed below is accurate. Please note: STUDENT WILL NOT BE RELEASED TO PERSONS WITHOUT IDENTIFICATION.

Table with 4 columns: Name - Relationship, Lives w/Student, Email Address, Phone Numbers. Includes 5 rows of empty lines for data entry.

STUDENT HEALTH HISTORY

List any serious allergies/significant health problems

Table with 3 columns: Date, Condition, Note(s). Includes 2 rows of empty lines for data entry.

Your signature below indicates that the information on this form is correct. Health information provided on this form and information submitted on physical health appraisals may be shared with school personnel who are involved with health and safety of your child. If the school is unable to contact a parent/guardian, we are authorized to release your child to the contact(s) listed. In case of a medical emergency at school, the parent, guardian or designee listed on this form is required to meet and transport the student home. When judged necessary, EMS may be called and may transport the student to a local hospital. (The local government may charge a fee for ambulance service; if required in an emergency, you may be charged.) The school district will not be responsible for such charges.

Signature of Parent/Guardian: Date: