

# STUDENT EMERGENCY FORM

(Return to School Office) \_\_\_\_\_

\_\_\_\_\_ Serious Health Problem (please note)

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ M [ ] F [ ] Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**EMERGENCY NUMBERS IN CASE OF NEED:** In case of emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated. Number each item 1, 2, 3, etc., in order of desired action.

[ ] Contact Mother: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone or alternate number: \_\_\_\_\_

[ ] Contact Father: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone or alternate number: \_\_\_\_\_

[ ] Contact Neighbor or Friend Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone or alternate number: \_\_\_\_\_

[ ] Contact Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone or alternate number: \_\_\_\_\_

[ ] Other desired procedures Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone or alternate number: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, I AUTHORIZE THAT MY SON/DAUGHTER BE TAKEN TO THE NEAREST MEDICAL CENTER FOR TREATMENT, IF I AM UNAVAILABLE.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PERMISSION TO TRANSPORT STUDENT

WE, THE UNDERSIGNED, PARENTS/GUARDIANS OF \_\_\_\_\_ do hereby grant permission for the Dunham School District, Sonoma County, California, to transport the above named student to and from school and to and from school-sponsored activities including, but not limited to, study trips, and athletic and social events.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## EMERGENCY AUTHORIZATION

**IN THE EVENT OF AN EMERGENCY OR DISASTER I AUTHORIZE SCHOOL PERSONNEL TO RELEASE MY CHILD TO THE FOLLOWING INDIVIDUALS:**

\_\_\_\_\_  
Name Address Relationship Phone Number

\_\_\_\_\_  
Name Address Relationship Phone Number

\_\_\_\_\_  
Name Address Relationship Phone Number

**IN THE EVENT OF A LIFE THREATENING ALLERGIC REACTION, I AUTHORIZE TRAINED SCHOOL PERSONNEL TO GIVE EMERGENCY TREATMENT (ADRENALIN VIA EPI-PEN) TO MY CHILD.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date