

SOUTH ALLEGHENY SCHOOL DISTRICT EMERGENCY INFORMATION

Student's Last Name _____ First _____

Male Female Birthdate _____ Grade _____ Room _____

Home Address _____ City _____ Zip _____

Mother/Guardian _____ Home Phone _____ (Cell) _____

Employer _____ (Work) _____

Father/Guardian _____ Home Phone _____ (Cell) _____

Employer _____ (Work) _____

With whom does child live? _____ Are there any custody arrangements? Yes No Please attach legal documents.

If we are unable to reach you, we MUST have at least three LOCAL contact persons who you authorize to pick your child up from school if: your child is ill, needs medical attention, or must be evacuated due to a natural or civil disaster.

Name _____ Relationship _____ Phone numbers (Day) _____ (Cell) _____

Name _____ Relationship _____ Phone numbers (Day) _____ (Cell) _____

Name _____ Relationship _____ Phone numbers (Day) _____ (Cell) _____

(Please Note: Administration will have access to this information.)

<< Please complete and sign back of card >>

Daily medications taken at school? Yes No At home? Yes No List all Medication(s): _____

Does your child have any **medical conditions**? ADHD Asthma Allergies Diabetes Heart Condition Vision

Hearing Loss Depression Seizure Disorder Other _____

Describe _____

Does your child wear **contact lenses**? Yes No

Does your child have a **reaction to bee stings**? Yes No Describe reaction _____

Treatment _____ **Please note:** Medications for treatment of bee stings must be provided by the parent and accompanied by both parent and physician authorization.

List siblings attending this school District: Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

In Case of an Emergency (serious illness or injury) when I cannot be reached, I hereby authorize SASD personnel to contact the local EMS and arrange for emergency transportation. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

(Parent's Signature)

(Date)