

# Emergency Contact Information Elementary Students

Independent School District 196

Rosemount - Apple Valley - Eagan Public Schools

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Male  Female

School \_\_\_\_\_

Series Number 506.2.1.1P Adopted December 1987 Revised June 2012 Title Emergency Information – Elementary Students

Home Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_  Unlisted Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ e-mail: \_\_\_\_\_

**Parent or Guardian Information**

1. (Last name, First name) \_\_\_\_\_ CODE \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail: \_\_\_\_\_

2. (Last name, First name) \_\_\_\_\_ CODE \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail: \_\_\_\_\_

**Day Care Information:** Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

List **two** neighbors or relatives who will assume temporary care of child if you cannot be reached.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

In case of serious accident or illness and I cannot be reached, I hereby authorize Dr. \_\_\_\_\_ to give necessary treatment. You may call him/her at phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

CODE (relationship to student)	
F = Father	G = Guardian
M = Mother	X = Self
S = Step parent	GP = Grandparent
P = Foster parent	
O = Other	

<b>Severe allergies</b> (i.e., to bee stings, peanuts, milk, etc.) _____	<b>Describe</b> _____
Med. Asst. Eligible <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Current medical information</b> to be added to health record, i.e., immunization, illness, surgery _____	
<b>Significant chronic health concerns</b> (diabetes, etc.) <b>and current medication(s)</b> _____	

<b>ACETAMINOPHEN PERMISSION</b> The District 196 school nurse has permission to administer acetaminophen (generic Tylenol) to my child.  <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>EARLY DISMISSAL</b> If school closes early, my child should: <input type="checkbox"/> Walk home as usual <input type="checkbox"/> Ride his/her normal bus.</p> <p><input type="checkbox"/> Walk to the home of _____ name _____ at _____ address _____ Phone* (____) _____ – _____</p> <p><input type="checkbox"/> Ride bus # _____ to go to the home of _____ name _____ at _____ address _____ Phone* (____) _____ – _____</p> <p><b>Note:</b> In certain emergencies the school may use its discretion to make to make other arrangements in the event of an early dismissal. *extenuating circumstances only</p>
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To Parent or Guardian:

The welfare of your child is our first consideration. In case of the serious injury or illness of a student in school, the following steps will be taken immediately: The school nurse will be called; emergency line 911 will be called, if deemed necessary, and you or the person designated on this emergency card will be called. If none of the persons listed can be reached, school personnel will implement emergency procedures to protect the health and safety of your child. It is your responsibility to make arrangements for proper care in case your child is injured or becomes too ill to stay in school when you are away from home.

There have been instances when we could not reach parents or guardians of injured or ill children because this card was not accurate. Please complete this card so we can keep our records up-to-date and initiate emergency care quickly. Your signature acknowledges that this information will be maintained both at school and on the bus. If there are any significant changes in your child's health, please call to keep your child's school nurse informed.

**X** Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DATA PRIVACY ADVISORY**

The information you provide is classified as private data. Pursuant to Minnesota Statutes 13.04, Subd. 2, you are hereby informed that the information supplied on this form may be used by school personnel that have a need to know the information. This may include teachers, principals, nurses or other school staff. You are not legally required to provide the information requested in this form, however failure to supply requested information may inhibit emergency procedures. In the event of an emergency, the information supplied on this form may be shared with other public and private individuals including, but not limited to, law enforcement personnel, doctors or paramedics, or listed emergency contact persons.