

**Intermediate School District 917  
Student Emergency Contact Information**

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

1<sup>st</sup> Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Other/Pager (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

2<sup>nd</sup> Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Other/Pager (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

**FOR STUDENTS NOT COMING TO SCHOOL FROM HOME, OR NOT GOING HOME FROM SCHOOL, PROVIDE THE FOLLOWING INFORMATION:**

Pick-up Name & Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Return Name & Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Care Information:**

**Medical Emergency**

In case of a medical emergency the school's procedure will be:

1. Contact parent/guardian at work/home
2. Person(s) you have designated may be asked to care for your child, including transporting your child for medical treatment, if you cannot be reached
3. Depending on the medical emergency and emergency health plan directions, 911 may be called and responders may transfer your child to a hospital emergency service. **Preferred Hospital** \_\_\_\_\_

**Emergency Contacts (other than parent)\***

<u>Name</u>	<u>Relationship to Student</u>	<u>Daytime Phone Number</u>
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

*\*At minimum, three different phone numbers are needed.*

**Emergency School Closing**

Can your child be left alone?  YES  NO (please check one)

In case of an emergency school closing, list a person where your child would go (i.e. in neighborhood) in case you were not home. **Listen to WCCO 830 AM Radio for school closings.**

\_\_\_\_\_  
(Name) (Address) (Relationship to Student) (Phone)

**Medical Emergency Information**

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Clinic Name and Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

List **Allergies** (medication/and or other): \_\_\_\_\_  
List Potential life threatening medical \_\_\_\_\_

conditions:

**In case of serious situation, I request the school district/bus company contact me. If they are unable to reach me, I hereby authorize the school district/bus company to contact the emergency contacts above and to provide my child with transportation home or for medical treatment. In case of a serious, life threatening illness or accident, I request the school district/bus company to contact me and/or a physician to make whatever arrangements necessary for the safety of my child. The above information may be released to the transportation company driver and staff, in addition to the classroom teacher.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*For office use only:*

Name of Staff Routing \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please check off who was routed this form:**

Student file  IEP manager  917 LSN  Building Nurse  Home District  Transportation  Bus driver  Spec. Ed Vans