



# ALCOTT SCHOOL

## Emergency Release 2021-2022 School Year

The information below will be used if your child has an accident, sudden illness, or medical emergency in school.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Child's Home Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Parent #1: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster		Parent #2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster	
Name		Name	
Home Phone #		Home Phone #	
Cell Phone #		Cell Phone #	
Home Address		Home Address	
E-mail		E-mail	
Employer		Employer	
Business Address		Business Address	
Business Phone #		Business Phone #	
Work hours/day		Work hours/day	

Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(If other than Mother or Father (i.e., foster parent))

Home Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

If child is in foster care: Agency holding guardianship: \_\_\_\_\_ Worker Assigned: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

### **Emergency Contacts**

NOTE: In the event of hazardous weather conditions or other school emergency, your child may be dismissed from school earlier than his/her scheduled time. No child will be transported on an earlier bus unless you or your designated emergency contacts have been contacted directly by a staff member. If no one can be reached, your child will remain at school under supervision until contact can be made. Please indicate the names and phone numbers of designated others whom you would like to be contacted in the event of a medical, weather, or school emergency. Be sure that these people are available during school hours.

**I agree to allow those listed to transport my child to and from the Alcott School (this form is invalid if not signed).**

X \_\_\_\_\_ DATE: \_\_\_\_\_

Parent signature

**GOVERNMENT ISSUED PHOTO ID MUST BE INCLUDED WITH THIS FORM FOR ALL ADULTS LISTED ON THIS FORM (INCLUDING PARENTS)**

<b><u>Contact #1 Name</u></b>		<b><u>Contact #2 Name</u></b>	
Relationship to child		Relationship to child	
Home Phone #		Home Phone #	
Cell phone #		Cell phone #	
Work phone #		Work phone #	
<b><u>Contact # 3 Name</u></b>		<b><u>Contact #4 Name</u></b>	
Relationship to child		Relationship to child	
Home Phone #		Home phone #	
Cell phone #		Cell phone #	
Work phone #		Work phone #	

**Parent Release for Emergency Medical Treatment**

I authorize Alcott School to refer my child \_\_\_\_\_ for emergency medical, dental, and/or surgical care and hospitalization in the event of an injury, sudden illness, or catastrophic event at a time when I cannot be reached.  
(Child's Name)

Please Print Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Family Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Medicaid # (if applicable): \_\_\_\_\_

**Medications (maintenance medications taken at home):**

If your child does **not** presently take medication, please check this box

If your child does take medication, please complete the following information:

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ # of Times per Day \_\_\_\_\_

Duration of Medication: (complete one)

Temporary: Indicate Start Date: \_\_\_\_\_ Discontinue Date: \_\_\_\_\_

Continuous: (Please check the appropriate box)

Will this medication be administered regularly through the school year?  Yes  No

**Allergies to Food/Medication/Pets/Insects/Latex/Environmental:**  No  Yes (please list below)\*\*

How is it controlled? \_\_\_\_\_

Describe allergic reaction \_\_\_\_\_

Additional pertinent health Information \_\_\_\_\_

**\*\* If your child has an allergy to a common food, or other allergen, which may cause an anaphylactic reaction, please have your physician fill out the medication consent form, that must accompany any medication, and arrange to supply the school with your child's medication. A form must be completed by you and your child's physician for each medication. All medications must be in their original containers with package inserts and valid expiration dates. Prescriptions must be rewritten every six months.**

**\* Please note that the term Guardian applies to the child's LEGAL guardian, e.g., DSS or natural parents are the usual legal guardians for foster children.**

***Copies of Government issued ID for All Adults listed on this form must accompany this form when handed into the school. Thank you***