



# FERNDALE PUBLIC SCHOOLS

## Student Emergency Contact Information

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

Student's Name- Print (Last, First) \_\_\_\_\_ Student's Birthdate \_\_\_\_\_ Student's School \_\_\_\_\_

Male  Female (\_\_\_\_\_) \_\_\_\_\_  
Home Phone

Student address: Street/City/Zip \_\_\_\_\_

**Parent/Guardian Contacts:** Please list all telephone numbers and email addresses where parents/guardians can be reached. Please list in the order you wish to be called:

1) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

2) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

3) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

**Emergency Dismissal Contacts**

It is most important that children know where they are to report if their parents will not be home when there is an emergency dismissal. Parents should make arrangements with friends or neighbors to care for their children if no one is at home during school hours. If the school is unable to reach parents/guardians, the following are LOCAL people to be contacted in case of an emergency or where students are to report during an emergency dismissal of school:

\_\_\_\_\_  
Last Name, First Name Relationship to Child (i.e. neighbor) \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

\_\_\_\_\_  
Last Name, First Name Relationship to Child (i.e. neighbor) \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

**Medical Authorization**

In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the nearest available hospital emergency clinic, physician, neighbor or relative specified by me on this card. We authorize the attending physician and hospital personnel to take action and give treatment they deem advisable for our child's comfort and well being.

Local Physician's Name \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

- Check only health problems that apply to this student:**
- Allergies requiring treatment
  - Asthma
  - Bee Sting Allergy
  - Peanut Allergy
  - Diabetes
  - Epilepsy
  - Heart Problems
  - Hemophilia
  - Other conditions that may require treatment or hospitalization \_\_\_\_\_
- Current medications or treatments \_\_\_\_\_

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

**Parent/Guardian must return this form to the school office every year. Please call to report any changes.**