

NAME OF STUDENT _____

Public Aid Medical Card Recipient # _____ Case # _____

Child's name as it appears on Medical Card _____

Pupil's Doctor _____ Phone No. _____

Known Allergies _____ Reaction _____

Special Needs (if any) _____

Vision/Hearing Problems _____

Medications taken regularly _____

Known health conditions _____

EMERGENCY CHILD PICK-UP/RELEASE

IMPORTANT: If your spouse is not the legal parent or guardian of your child and you want hi m/her to pick up your child, please list him/her below. If you do not want the child's parent to be authorized to pick the child up, we need legal documentation on record stating who has legal custody of the child. Please note, the more persons listed, the more opportunity we have of releasing the child in an emergency. **PLEASE MAKE SURE PERSONS LISTED HAVE BEEN NOTIFIED OF THEIR RESPONSIBILITY.**

In an emergency or major disaster during school hours, my child may be released to the following persons.

(I/WE AUTHORIZE ONLY THE PERSONS LISTED BELOW TO PICK UP MY CHILD WHEN I AM UNAVAILABLE)

1. Name _____ Relationship to child _____
Address _____
Phone _____ Cell _____

2. Name _____ Relationship to child _____
Address _____
Phone _____ Cell _____

3. Name _____ Relationship to child _____
Address _____
Phone _____ Cell _____

Additional information: _____

