

MARS AREA SCHOOL
DISTRICT Confidential
Emergency Form

****Press
Firmly****

Student Name _____ Birth Date
____/____/____

Grade _____ Homeroom _____ Teacher (if
elementary) _____

1. **FEMALE** legal parent/guardian
name: _____

MALE legal parent/guardian
name: _____

Is there anything concerning the custody of your child about which the school should know so as to prevent
inappropriate sharing of records or picking up your child, etc?

NO ___ YES If yes,
explain _____

2. In case of injury/illness, please list three substitute parents to contact if the legal parent/guardian is
unavailable:

NAME: _____ Relationship: _____ Phone:
(____) _____

NAME: _____ Relationship: _____ Phone:
(____) _____

NAME: _____ Relationship: _____ Phone:
(____) _____

3. Does your child have allergies (food, medication
other)?

NO YES If yes,
explain _____

4. Is your child on regular medication?

NO YES ___ If yes, list medication and time:

Medication

Time

NOTE: NO MEDICATION can be administered during school hours. The SCHOOL NURSE must be called prior to any medication administration. Arrangements for exceptions can be made by completing the appropriate permission form and providing the nurse with both the medication and written physician instructions (prescription). This restriction also applies to all school events, sports and field trips. This is school policy.

PARENTAL PERMISSION: If your child has a health condition which you feel the bus driver, coach, or school officials need to know the legal parent/guardian must inform them in writing. **School nurses will not do so.**

THE LEGAL PARENT/GUARDIAN IS RESPONSIBLE TO UPDATE THE ABOVE INFORMATION FOR ANY/ALL CHANGES DURING THE SCHOOL YEAR BY HAVING LEGAL DOCUMENTS ON FILE IN THE SCHOOL OFFICE.

SIGNATURE - LEGAL

PARENT/GUARDIAN _____ **DATE** _____

White – Nurse Yellow – Field Trip Copy Pink - Athletics

Rev.
7/14