MARS AREA SCHOOL DISTRICT Confidential Emergency Form

Press Firmly

Stude	nt Name			Birth Date/	/
Grade	Homero	om	Teacher (if elementary)		
1.	FEMALE legal pare	ent/guardian name:	<u> </u>		
	MALE legal parent/guardian name:				
	Is there anything cosharing of records or		ody of your child about which the school shild, etc?	hould know so as to prevent in	appropriate
	NO YES I	f 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: ()	
4.	NOYES If Medication Time	yes, list medication	n and time:		_
	any medication addition and providing restriction also apposed the second secon	ministration. Aring the nurse wit lies to all school e ON: If your child h	administered during school hours. The SC rangements for exceptions can be made by h both the medication and written physicians, sports and field trips. This is school places a health condition which you feel the bus do them in writing. School nurses will not do so.	completing the appropriate polician instructions (prescriptionality).	permission on). This
			RESPONSIBLE TO UPDATE THE ABO AR BY HAVING LEGAL DOCUMENTS O		
SIGN	ATURE - LEGAL F	PARENT/GUARD	DIAN	DATE	
	White – Nu	rse	Yellow – Field Trip Copy	Pink - Athletics	