

**EMERGENCY & PERSONAL INFORMATION FORM**

Child's Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Birth Place: City \_\_\_\_\_ State \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_  
Child's Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
P.O. Box \_\_\_\_\_ HOMEROOM \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**FAMILY DATA**

Guardian, Foster or \_\_\_\_\_ **Custody** **Lives with Child**  
Mother's Name \_\_\_\_\_ Legal Custody \_\_\_\_\_ Yes \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Shared Parenting \_\_\_\_\_ No \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_ No Custody \_\_\_\_\_  
Specify shared parenting schedule: \_\_\_\_\_  
Does this person have your permission to take this child from school? \_\_\_\_\_ Do they have permission to speak to school personnel? \_\_\_\_\_  
**\*\*NOTE: MUST PROVIDE ID EACH TIME YOU PICK UP YOUR CHILD.**

Step-parent's name \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_  
Does this person have legal custody of this child? \_\_\_\_\_  
Does this person have your permission to take this child from school? \_\_\_\_\_ Do they have permission to speak to school personnel? \_\_\_\_\_  
**\*\* NOTE: MUST PROVIDE ID EACH TIME YOU PICK UP YOUR CHILD.**

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Guardian, Foster or \_\_\_\_\_ **Custody** **Lives with Child**  
Father's Name \_\_\_\_\_ Legal Custody \_\_\_\_\_ Yes \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Shared Parenting \_\_\_\_\_ No \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_ No Custody \_\_\_\_\_  
Specify shared parenting schedule: \_\_\_\_\_  
Does this person have your permission to take this child from school? \_\_\_\_\_ Do they have permission to speak to school personnel? \_\_\_\_\_  
**\*\*NOTE: MUST PROVIDE ID EACH TIME YOU PICK UP YOUR CHILD.**

Step-parent's name \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_  
Does this person have legal custody of this child? \_\_\_\_\_  
Does this person have your permission to take this child from school? \_\_\_\_\_ Do they have permission to speak to school personnel? \_\_\_\_\_  
**\*\*NOTE: MUST PROVIDE ID EACH TIME YOU PICK UP YOUR CHILD. .**

**\*\*\*You must provide proof of legal custody with the school's office if the student is not to be released to a parent. Please keep school informed with legal papers concerning changes in guardianship or any other legal limits on who may have contact with the child and who may not.**

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Has this child been involved in any of the following which may have a bearing on his/her legal custody?  
Adoption \_\_\_\_\_ Foster Care \_\_\_\_\_ Death of Parent \_\_\_\_\_

List the names, ages and schools of other children who reside in your home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PICK-UP REQUEST**

Name of people with whom your child is **NOT** to leave the school \_\_\_\_\_

**\*\*\*Are there any legal limits or restrictions prohibiting anyone above from having contact with your child?**  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Who? \_\_\_\_\_

Additional people (those not listed above) **WHO MAY** pick up your child(ren) and phone numbers:  
Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

**((\*\*\*People on the pick-up list MUST provide ID every time they pick up the above student\*\*\*)**

**EDUCATIONAL DATA**

Last school attended and address: \_\_\_\_\_

Was this child receiving any type(s) of special education? \_\_\_\_\_

If you answered "yes" to the question above, please specify the type(s) of program(s):

\_\_\_\_\_

**MEDICAL DATA**

Has this child ever had the following?

Chicken Pox \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Seizures \_\_\_\_\_

Specify any medical problem(s), medication(s), or allergies of which school officials should be aware:

\_\_\_\_\_

\_\_\_\_\_

I hereby give consent for the following medical care providers and local hospital to be called:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Does your child have medical insurance? No \_\_\_\_\_ Yes \_\_\_\_\_ Name of Insurance \_\_\_\_\_

Does your child have a medical card? No \_\_\_\_\_ Yes \_\_\_\_\_ Card #: \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Does your child have dental insurance? No \_\_\_\_\_ Yes \_\_\_\_\_

Preferred local hospital to be transported \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, list medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_

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

I give my permission for **Hopewell Health Center, the School Wellness Coordinator and my child's regular physician** to communicate and share emergency, personal and medical information. The information shared will be treated in a confidential manner.

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_

**REFUSAL TO CONSENT**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_

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