

Student Name: _____

2006-2007 EMERGENCY CARD - Linton Springs

Address: _____

Gender: _____ Homeroom: _____ Grade: _____

City/State/Zip: _____

Birthdate: ____/____/____

Locker: _____

Phone: _____

Teacher: _____

Transportation Information: Bus Rider Walker

Before School (AM) Pick Up Bus #: _____

After School (PM) Drop Off Bus#: _____

Address: _____

Address: _____

(Only one AM location is allowed)

(Only one PM location is allowed)

Parent/Guardian Information: Please circle the name of the person to contact first in an emergency

Mother: _____

Father: _____

Address: _____

Address: _____

City & Zip: _____

City & Zip: _____

Home Ph: _____ Work Ph: _____

Home Ph: _____ Work Ph: _____

Pager/Cell: _____

Pager/Cell: _____

E-Mail: _____

E-Mail: _____

Who has legal custody of this student? Father Mother Both Guardian (if not mother/father)

If guardian, Name: _____ Relationship: _____ Phone: _____

Emergency Contacts: List names and phone numbers of persons you give the school permission to contact if you cannot be reached.

Name: _____ Phone: _____ Alt. Phone: _____ Relationship: _____

Name: _____ Phone: _____ Alt. Phone: _____ Relationship: _____

Name: _____ Phone: _____ Alt. Phone: _____ Relationship: _____

Parent/Legal Guardian must sign this card. Your signature indicates your agreement for CCPS staff to communicate with you or others listed on this card, by phone or email. Your signature also gives CCPS permission to release your child to any person listed above if you are not available. Signature of step-parent or non-custodial parent is not acceptable.

Parent/Legal Guardian Signature

Date

Student Name: _____

2006-2007 EMERGENCY MEDICAL CARD - Linton Springs

If your child requires immediate medical attention and 911 is activated, he/she will be taken to the nearest hospital by ambulance. Medical information will be released to the hospital and/or emergency medical technician.

Homeroom: _____ Grade: _____

Please answer the following questions regarding your child's medical needs:

1. Does your child currently have a medical condition that may be life-threatening and require 911 notification? YES NO

If yes, please list the condition. The school nurse will contact you for further information.

2. Does your child have: a.) a serious health problem or chronic condition? YES NO

b.) allergies (food, medication, other)? YES NO

If yes, please explain:

3. Does your child take daily medication (other than vitamins & fluoride)? YES NO

If yes, list the medications (prescription or non-prescription) and reason for taking them.

Note: In accordance with the policy of Carroll County Public Schools, students may not carry medication to or from school, at any time. Failure to comply with this policy will result in suspension. All medication must be personally delivered, by an adult, to the nurse or other school official. A properly completed medication consent form must be provided with the medication. This form is available at school and must be completed if the child is to receive medication at school.

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Names of school-aged siblings

Date of Birth

School

Grade

1. _____

2. _____

3. _____

4. _____

PLEASE DO NOT SEPARATE THESE SHEETS, SEND BOTH COPIES BACK TO THE SCHOOL