

LINCOLN PARK SCHOOL DISTRICT
EMERGENCY SHEET/HEALTH OFFICE

Child's Last Name	First Name	Date of Birth
-------------------	------------	---------------

Address	Home Telephone #
---------	------------------

Mother's/Guardian's Name	Cell Phone #
--------------------------	--------------

Father's/Guardian's Name	Cell Phone #
--------------------------	--------------

Mother's/Guardian's Work Address	Work #
----------------------------------	--------

Father's/Guardian's Work Address	Work #
----------------------------------	--------

1 st person to call in the event we are unable to reach parent/guardian	Telephone #
--	-------------

2 nd person to call in the event we are unable to reach parent/guardian	Telephone #
--	-------------

Do these named people have permission to pick up your child from school in the event we are unable to reach you and your child needs to leave school? Yes _____ No _____

Does your child have any medical condition that we need to be aware of?

Please describe _____

Does the school nurse have your permission to share health information about your child with other staff members who may be responsible for your child during school hours? Yes _____ No _____

I give my consent to the school nurse to share health information about my child with appropriate staff in the Lincoln Park Middle School.

Mother's/Guardian's Signature	Date	Father's/Guardian's Signature	Date
--------------------------------------	-------------	--------------------------------------	-------------

<u>Name</u>	<u>Other Children/Siblings</u> <u>Birth Date</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____

Family Doctor	Address	Telephone #
----------------------	----------------	--------------------