

2016-17 EMERGENCY CONTACT & MEDICAL INFORMATION

Student's Name	Date of Birth	Sex	<input type="checkbox"/> M	<input type="checkbox"/> F
Grade	Bus Route (if applicable)			

Mother/Guardian Name	Father/Guardian Name
Language Spoken by Mother/Guardian	Language Spoken by Father/Guardian
() ()	() ()
Home Phone Cell Phone	Home Phone Cell Phone
()	()
Mother/Guardian Place of Employment & Phone Number	Father/Guardian Place of Employment & Phone Number
Address	Address
City, State & Zip	City, State & Zip

Student lives with: Mother Father Both Other (specify relationship) _____

Siblings also at The Academy:

Last, First Name	Last, First Name
Last, First Name	Last, First Name

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact/Relationship to Child	Secondary Emergency Contact/Relationship to Child
() ()	() ()
Home Phone Cell Phone	Home Phone Cell Phone
Address	Address
City, State & Zip	City, State & Zip

Adults authorized to pick up your child.
No child will be dismissed to anyone other than the person designated by you on this form.

Name (print)	Address	Phone	Relationship
Name (print)	Address	Phone	Relationship

MEDICAL INFORMATION

Hospital/Clinic Preference _____

Physician's Name _____

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Phone Number _____

Insurance Company _____

Policy Number _____

Check and comment on any allergies or special health considerations your child may have.

- Asthma/breathing problems Heart Condition Seizures Diabetes
 Dietary needs/concerns _____ Allergies (please specify) _____
 Other disease (please specify) _____ Other Concerns _____

List any special assistance or accommodations your child may need due to his/her health problems: _____

My child wears glasses or contact lenses YES NO

My child wears a hearing aid YES NO

My child is required to take a prescription medicine during school time. YES* NO

*If yes, you MUST complete the *Prescription Drug Authorization Form*.

In case of illness at school, the principal or designee will contact the City of Milwaukee Fire Dept. Medical Services at 911. If emergency medical care is requested, the City of Milwaukee Fire Dept. or assigned ambulance service will convey your child to a hospital providing emergency service. **The responsibility for paying all expenses incurred for the conveyance and medical treatment on behalf of your child is a parental one.**

Parent/Guardian Signature _____

Date _____

Witness Signature _____

Date _____