

NEW STUDENT EMERGENCY CONTACTS/ALERTS

SCHOOL YEAR: _____

Student Name: _____ **Grade:** _____ **Birth Date:** _____

Parent/Guardian Name(s): _____

SCHOOL CLOSURE EMERGENCY PROCEDURE

In the event of school closure during the school day (power outage, heavy falling snow, etc.), the school will **first** attempt to call the parent(s) at the phone numbers provided on your student’s registration form. Please ensure that you have provided numbers where we may reach you during daytime hours. If your child is medically fragile, make arrangements for your child’s medical needs at school and have an emergency plan in place. You will need to make additional contact with the school nurse for those arrangements.

AUTHORIZED EMERGENCY & RELEASE CONTACTS (Please List Contacts in Order of Preference)

In the event that a parent/guardian cannot be reached, please provide up to four additional contacts that are authorized to pick up your student from school.

My child can only be released from school with a parent/guardian **OR** the following individuals:

- | | | |
|----------|--------------|--------------------------|
| 1) _____ | Phone: _____ | List relationship: _____ |
| 2) _____ | Phone: _____ | List relationship: _____ |
| 3) _____ | Phone: _____ | List relationship: _____ |
| 4) _____ | Phone: _____ | List relationship: _____ |

CRITICAL ALERTS

Please list any **non medical** critical alerts that the school should be aware of concerning your child. Alert information is shared with school staff on a “need to know basis” only and is considered confidential. It is the parent’s responsibility to alert the school with critical information. Please be specific. **Medical alerts need to be recorded on the student health history form, not in this section.**

LEGAL RESTRICTIONS/NO CONTACT/RESTRAINING ORDERS

Are there any legal restrictions in place regarding your student? Yes No

If YES, the most recent certified legal papers must be on file with the school.

Restrictions are against: Name(s)

Parent/Guardian Signature: _____ Date: _____