

## SCHOOL CITY OF HOBART EMERGENCY FORM

SCHOOL YEAR 2019 - 2020

NAME \_\_\_\_\_

LAST	FIRST	MIDDLE
BIRTHDATE _____	M _____ F _____	GRADE _____

STUDENT'S HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ Bus # \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ CHECK IF NEW ADDRESS THIS SCHOOL YEAR \_\_\_\_\_

IF STUDENT WORKS LIST LOCATION \_\_\_\_\_ PHONE \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME \_\_\_\_\_

**PLEASE CHECK BOX/BOXES BELOW TO INDICATE WHO HAS LEGAL CUSTODY**  
*(UNLESS OTHERWISE NOTIFIED, THE SCHOOL WILL RELEASE STUDENT TO THOSE LISTED BELOW)*

 FATHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ GUARDIAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

MOTHER'S WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

GUARDIAN'S WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

BROTHERS &amp; SISTERS (INCLUDE STEP-SIBLINGS) \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

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**EMERGENCY CONTACTS WHEN PARENTS ARE NOT AVAILABLE, WHOM SHOULD WE CONTACT LOCALLY?**

1 <sup>ST</sup> CONTACT _____	NAME	HOME PHONE	CELL	WORK
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2 <sup>ND</sup> CONTACT _____	NAME	HOME PHONE	CELL	WORK
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MY CHILD IS ALLERGIC TO THE FOLLOWING: \_\_\_\_\_

IF A REACTION SHOULD OCCUR, WHAT SHOULD BE DONE? \_\_\_\_\_

INDICATE ANY PERTINENT HEALTH PROBLEMS OR CONDITIONS: (LIST ROUTINE MEDICATIONS, GLASSES, CONTACT LENS, ETC.) \_\_\_\_\_

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IF A DOCTOR'S/DENTIST'S CARE SEEMS NECESSARY, CAN WE CALL YOUR DOCTOR/DENTIST? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF FAMILY DOCTOR _____	PHONE _____
NAME OF FAMILY DENTIST _____	PHONE _____

IN CASE OF SERIOUS ILLNESS OR INJURY, I GIVE MY PERMISSION FOR THE ABOVE NAMED STUDENT TO BE TREATED AT ST. MARY MEDICAL CENTER EMERGENCY ROOM OR A LOCAL EMERGENCY ROOM. IF OUT OF TOWN, TREATMENT MAY BE GIVEN AT A LOCAL EMERGENCY ROOM

SIGNED \_\_\_\_\_ PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

(Information on this form may be shared with the appropriate personnel for health and emergency purposes)

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