



### Emergency Information Sheet 2011-2012

Student's Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

Birth date \_\_\_\_\_ Home Address \_\_\_\_\_

Street City Zip

Mailing Address \_\_\_\_\_

Street City Zip

Home Phone \_\_\_\_\_

**CONTACT INFORMATION – Please write 1,2,3, or 4 beside each phone number you provide us. We will attempt to contact you in the order you indicate, beginning with the phone number marked #1.**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Occupation / Place of Business \_\_\_\_\_

Occupation / Place of Business \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cellular phone and/or pager# \_\_\_\_\_

Cellular phone and/or pager# \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

**Medical Information:** Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Information on special health concerns and/or medicine your child must take on a regular basis\*:

Allergies to Medications? \_\_\_\_\_

\*any medications to be taken at school require a release form on file in office

Please sign below for acetaminophen or ibuprofen authorization --

I hereby authorize Silverwood staff to administer acetaminophen or ibuprofen as needed for my child.

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Insurance Number \_\_\_\_\_

Subscriber \_\_\_\_\_

### Photo Release

I hereby grant permission to Silverwood School to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for the purposes of promoting Silverwood School, and to allow invited media such as the Kitsap Sun and Kitsap Newspaper Group to photograph and/or interview my child at Silverwood and Silverwood-related events.

I do not give permission for my child's photo to be published.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIELD TRIP AUTHORIZATION**

I hereby authorize SILVERWOOD SCHOOL to take my child on such field trips away from the school during the school year 2010-11 as the teachers deem appropriate. Parents will have prior notice of all field trips and may choose not to have their child participate.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Driving for Field Trips:**

If you anticipate driving on any field trips for school activities, you will need to supply the following information:

Name of Insurance Company	Car policy number	Agent & phone number

Additionally, as required by *our* insurance, the office must have on file a copy of your valid car insurance coverage. Please bring your insurance policy to the office and we will make a copy for our records.

**EMERGENCY INFORMATION**

**Medical Assistance:**

In the event of an emergency or injury to my child, I authorize the teacher(s) in charge to seek and provide, at my expense, such first aid or assistance as may seem appropriate.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of an emergency, if parents cannot be reached, whom should we contact?

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Out-of-State Contact:**

**Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

Address \_\_\_\_\_

Relationship (how your child knows this person) \_\_\_\_\_

In a worst case, natural disaster emergency, please list temporary guardians (other than listed above) to whom your child may be released in case you are injured or detained. These people will also have permission to pick your child up from school if you call ahead.

**Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

Address \_\_\_\_\_

Relationship (how your child knows this person) \_\_\_\_\_

**Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

Address \_\_\_\_\_

Relationship (how your child knows this person) \_\_\_\_\_