

Emergency Information Sheet
SILVERWOOD SCHOOL
School year 2007-08

Student's Name _____
Please complete for each child registered

Date _____
Grade _____

Home 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

Occupation

Place of Business

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 Tylenol (acetaminophen) or Ibuprofen authorization --

I hereby authorize Silverwood staff to administer Tylenol or Ibuprofen as needed for my child.

Parent/guardian signature: _____ Date _____

Health Insurance Company _____

Insurance Number _____

Subscriber _____

FIELD TRIP AUTHORIZATION

I hereby authorize SILVERWOOD SCHOOL to take my child on such field trips away from the school during the school year 2007-08 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 record a copy of your valid car insurance card -- the one you're required to carry in your car. Please bring it to the office as we'll be happy to copy it for you.

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: _____ **Phone:** _____ **Relationship:** _____

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 _____ **Phone** _____

Address _____

Relationship (how your child knows this person) _____

Name _____ **Phone** _____

Address _____

Relationship/how your child knows this person _____

Name _____ **Phone** _____

Address _____

Relationship/how your child knows this person _____