

# EXPLORER ELEMENTARY CHARTER SCHOOL

## MAJOR DISASTER STUDENT CONTACT INFORMATION:

Please complete a separate form for each child

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Home Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Home Phone (if different): \_(\_\_\_\_\_) \_\_\_\_\_

Mom's Cell: \_(\_\_\_\_\_) \_\_\_\_\_ Dad's Cell: \_(\_\_\_\_\_) \_\_\_\_\_

Mom's Work #: \_(\_\_\_\_\_) \_\_\_\_\_ Dad's Work #: \_(\_\_\_\_\_) \_\_\_\_\_

Mom's email: \_\_\_\_\_ Dad's email: \_\_\_\_\_

Mom-Employer & Address: \_\_\_\_\_

Dad-Employer & Address: \_\_\_\_\_

## IN CASE OF EMERGENCY IF PARENTS ARE UNAVAILABLE, PLEASE CONTACT THE FOLLOWING:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Cell: \_(\_\_\_\_\_) \_\_\_\_\_ Wk: \_(\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Cell: \_(\_\_\_\_\_) \_\_\_\_\_ Wk: \_(\_\_\_\_\_) \_\_\_\_\_

(MY CHILD MAY BE RELEASED TO THE ABOVE CONTACTS)

## OUT OF TOWN RELATIVE TO BE CONTACTED IN CASE OF FAMILY SEPARATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Cell: \_(\_\_\_\_\_) \_\_\_\_\_ Wk: \_(\_\_\_\_\_) \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

### **Medical History**

Date of child's last Tetanus Booster: \_\_\_\_\_ Child's Doctor: \_\_\_\_\_

Phone #: \_(\_\_\_\_\_) \_\_\_\_\_ Does your child have allergies? Yes \_\_\_ No \_\_\_ If yes, please list:

Does your child have any physically related restrictions? Yes \_\_\_ No \_\_\_ If yes, please list:

Does your child take any prescription drugs? Yes \_\_\_ No \_\_\_ If yes, please list:

**YES \_\_\_ NO \_\_\_ my child has permission to take TYLENOL dispensed by the school without first phoning a parent.**

## FAMILY INSURANCE INFORMATION:

Health Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_(\_\_\_\_\_) \_\_\_\_\_

## CONSENT TO TREATMENT OF MINOR:

I, the parent / legal guardian of \_\_\_\_\_, a minor, attest that the information provided on this form is accurate, and that I give permission for my child, named above, to participate in all activities except if noted otherwise. I authorize the staff at Explorer Elementary Charter School to consent, in my absence, to medical treatment, and/or hospital care to be rendered to my child under the supervision and upon the advice of a physician licensed under the Medical Practice Act. I also give permission to transport my child to and from activities and on related excursions in insured motor vehicles driven by authorized drivers. This authorization is effective from **August 29, 2011 to June 13, 2012**. I understand that the staff of the school may, in the event of a minor injury, take care of routine first aid needs, and in the event outside medical treatment is required, the staff will obtain the appropriate care for my child and I will be notified. I understand the primary financial responsibility for such care belongs to me as a parent.

I further understand that the Explorer Elementary Charter School's medical insurance payments are secondary to my own, and if as a result of injury there are medical expenses not covered by my own insurance, upon receipt of proper claim, I may apply for reimbursement from Explorer Elementary Charter School's insurance to a maximum limit of five thousand dollars.

Parent / Legal Guardian \_\_\_\_\_

Print Name

Signature

Date

2011 - 2012