

2019-2020 Emergency Information

Student Name:

Student ID:

Emergency Contacts

(Please provide 3 contacts if possible)

If you cannot be reached, these are the only contacts that may be asked to transport and care for your child. In case of a serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses. For younger children, list daycare as an emergency contact.

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Other Phone</u>
(1)				
(2)				
(3)				

Health

Please update all health concerns, medications, allergies, and disabilities. Information on this form may be shared with appropriate school personnel to meet your child's health and educational needs in school. Please list names of all medications (including at home or at school) that student is currently taking.

School nurse may contact private medical provider to coordinate medical care at school.

Physician/Clinic

Physician/Clinic Phone

Health Conditions currently on file:

Health Comment:

(1)	
(2)	
(3)	

Please list any additional health concerns below:

Health Condition:	Start Date:	Comment:
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Is an interpreter required to communicate with anyone in your family? ☐ Yes ☐ No If yes, Language: _____

Family members: _____

If yes: Would you prefer information to be sent in a language other than English? ☐ Yes ☐ No

If yes: Language: _____

Signature of parent/guardian that student resides with is required.

Print Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become a part of the student's permanent record and will be available to appropriate staff members of District 11. Certain information, known as "directory information", is available to the public unless the district receives a written request from a parent to withhold this information. Minnesota law requires that you provide immunization information to your student's school.

This document will be provided within 3 days in an alternative format upon request in order to accommodate individuals with disabilities.