

**STUDENT EMERGENCY CONTACT INFORMATION  
SCHOOL TRIP, AND URGENT MEDICAL AUTHORIZATION**

**DIRECTIONS:** Most fields should be self-explanatory. In the area of contacts, indicate the phone numbers, in order, that school officials should attempt until successful contact is made to pass urgent information about the student. For example, the 1st contact entry could be the child's mother at home, the 2<sup>nd</sup> could be the mother's cell phone, the 3<sup>rd</sup> could be father's cell phone, etc.

**STUDENT INFORMATION**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>GRADE</b>	<b>HOME PHONE:</b> (      )
<b>ADDRESS:</b>		<b>CITY:</b>	<b>STATE</b>	<b>ZIP:</b>	<b>COUNTY:</b>
<b>MEDICAL CONDITIONS/ALLERGIES:</b>			<b>DATE OF BIRTH:</b>		<b>SOCIAL SECURITY NUMBER:</b>

<b>CONTACT ORDER</b>	<b>PHONE NUMBER</b>	<b>CONTACT PERSON</b>	<b>LOCATION</b>
1st	(      )	<b>NAME:</b>	<b>ADDRESS OR FIRM:</b>
	<b>TYPE PHONE (circle):</b> HOME CELL WORK	<b>RELATIONSHIP:</b>	<b>CITY:</b>
2nd	(      )	<b>NAME:</b>	<b>ADDRESS OR FIRM:</b>
	<b>TYPE PHONE (CIRCLE):</b> HOME CELL WORK	<b>RELATIONSHIP:</b>	<b>CITY:</b>
3rd	(      )	<b>NAME:</b>	<b>ADDRESS OR FIRM:</b>
	<b>TYPE PHONE (CIRCLE):</b> HOME CELL WORK	<b>RELATIONSHIP:</b>	<b>CITY:</b>
4th	(      )	<b>NAME:</b>	<b>ADDRESS OR FIRM:</b>
	<b>TYPE PHONE (CIRCLE):</b> HOME CELL WORK	<b>RELATIONSHIP:</b>	<b>CITY:</b>
5th	(      )	<b>NAME:</b>	<b>ADDRESS OR FIRM:</b>
	<b>TYPE PHONE (CIRCLE):</b> HOME CELL WORK	<b>RELATIONSHIP:</b>	<b>CITY:</b>
6th	(      )	<b>NAME:</b>	<b>ADDRESS OR FIRM:</b>
	<b>TYPE PHONE (CIRCLE):</b> HOME CELL WORK	<b>RELATIONSHIP:</b>	<b>CITY:</b>

**REQUIRED FOR STUDENTS WHO RIDE AN AFTERNOON SCHOOL BUS**

Occasionally, it is necessary to close school early because of snow or other weather related emergencies. Please indicate specific instructions on where your child should go if no one is at home or at the after-school drop off point.

**PARENT/GUARDIAN PERMISSION – SCHOOL SPONSORED TRIPS**

I give permission for my child to take school-sponsored trips during the 2009-2010 academic year.

<b>PARENT OR GUARDIAN NAME (print)</b>	<b>SIGNATURE</b>	<b>DATE</b>
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**PARENT/GUARDIAN PERMISSION – URGENT MEDICAL CARE**

I, being the parent or legal guardian of \_\_\_\_\_, do hereby appoint a dependable adult representative of Kenston Forest School to act in my behalf in authorizing unexpected urgent medical, dental, surgical care and hospitalization in my absence during the 2009-2010 academic year.

<b>PARENT OR GUARDIAN NAME (print)</b>	<b>SIGNATURE</b>	<b>DATE</b>
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