

# Beecher Road School Emergency Form

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Lives with: Both parents  Mother  Father

Mother's Name: \_\_\_\_\_

Mother Address: Same  \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father Address: Same  \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

List two people that we may contact during the school day or release your child to if you cannot be reached:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are there any legal restrictions on the release of your child or his/her records to a non-custodial parent? ( Y / N ) If yes, please specify and provide legal documentation to the principal.

Name of custodial parents: \_\_\_\_\_

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Is there any medical problem to which we should be alerted? Yes / No

Does your child have health insurance? Yes / No

\*If you would like information on Husky, call 1-877-CT-Husky or email: [www.huskyhealth.com](http://www.huskyhealth.com)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_