

Beecher Road School Emergency Form

Student Name: _____ Teacher: _____

Address: _____

Are there any legal restrictions on the release of your child to a non-custodial parent? Yes _____ No _____

Are there any legal restrictions on the release of your child's records to a non-custodial parent? Yes _____ No _____

If yes and in order for Beecher Road School to follow proper protocol please specify and **give legal documentation to the principal.**

Home #: _____

Name of custodial parent/s: _____

Parent 1: _____

Parent 1 address: _____

Cell #: _____ Work#: _____

Parent 1 email: _____

Parent 2: _____

Parent 2 address: _____

Cell #: _____ Work#: _____

Parent 2 email: _____

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

Physician's name: _____ Phone #: _____

Hospital preference: _____

Is there a 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 Healthcare call 1-877-CT-HUSKY or email: www.huskyhealth.com

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

Name: _____ Name: _____

Home #: _____ Home #: _____

Cell#: _____ Cell#: _____