

Student ID# \_\_\_\_\_

Bus # \_\_\_\_\_

**Morgan County Schools  
Emergency Information Form**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

**Student / Family Information:**

**Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_**

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ AmerInd \_\_\_\_\_ Pacific \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Medical Insurance: Insurance Company \_\_\_\_\_ Medicaid \_\_\_\_\_ Uninsured \_\_\_\_\_

Directions to your home: (Physical Address) \_\_\_\_\_

Marital Status of Parents:    † Married            † Divorced            † Single            † Widowed

**Parent(s):**

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_ Work: \_\_\_\_\_

**\*\*\*Please provide a phone number for automated call system:** \_\_\_\_\_

List the names and ages of people in the household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information:**

List the names and info for each person who may be contacted in the event your child becomes ill or has an accident. In addition, please check the pickup box if that person is allowed to pickup your child(ren) from school.

**(Please list the people in the order that you wish to be contacted.)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_ Pickup \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_ Pickup \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_ Pickup \_\_\_\_\_

Are there any Pick-up Restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ *\*must provide legal documentation\**

**EARLY DISMISSAL FROM SCHOOL INFORMATION**

**WHAT MUST YOUR CHILD DO IN CASE SCHOOL IS LET OUT EARLY? WE WILL NOT BE ABLE TO CALL PARENTS BECAUSE OF THE PHONE LINES BEING TIED UP. PLEASE HAVE A PLAN AND MAKE SURE YOUR CHILD KNOWS WHAT TO DO.**

**Student/Parent Handbook**

\*\*\*You have been given the Parent/Student Handbook. Please go over this information with your child. It contains school rules, policies, and procedures. Please sign below once you read the Handbook.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Please complete back of form for medical and emergency information.....THANK YOU!\*\***

**Medical Information:**

**Recent immunizations: Yes: \_\_\_\_\_ No: \_\_\_\_\_** \*please provide a copy of recent immunizations to the school nurse

**List allergies (medications/bees/food): \_\_\_\_\_ Epipen: Yes: \_\_\_ No: \_\_\_\_\_**

**List any serious medical conditions (i.e. asthma, seizures, diabetes): \_\_\_\_\_**

**List any Behavioral/mental health issues: \_\_\_\_\_ Doctor: \_\_\_\_\_**

**Does your child require daily or emergency medications at school? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please List Any Medications:**

\_\_\_\_\_

**\*\*\*If you answered yes to any of the last two questions, please contact the school nurse \*\*\***

**Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last Physical: \_\_\_\_\_**

**Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_**

**SCHOOL EMERGENCY PROCEDURES**

Morgan County Schools have adopted the following procedures in caring for your child when he/she becomes sick or injured at school:

1. Life threatening situations: An ambulance will be called and emergency treatment will be provided, parents will be notified as soon as possible.
2. In a non-threatening emergency: First aid treatment will be provided and parent called. If there is no answer, the next emergency number will be called and so on. If we have the parents' work number, it will be called.
3. If none of the above answer, the school will call an ambulance, if necessary, to transport the child to a local medical facility.
4. The school will continue to call the parents, guardians or physicians until someone is reached.
5. I understand the need and responsibility of providing accurate and updated phone numbers as well as a having a plan in place for your child in the event they become ill or in case of an emergency.

If I cannot be reached and the school authorities have followed the procedures described, I will not hold the school or its designees liable and understand all expenses for transporting and medically treating this student will be the parent's responsibility.

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

If you cannot agree to this emergency treatment, you must provide an alternative plan. Please provide adequate detail and sign to indicate approval.

**ALTERNATE EMERGENCY PLAN**

\_\_\_\_\_

\_\_\_\_\_

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