



**LAKER ELEMENTARY SCHOOL
EMERGENCY INFORMATION FORM**

SCHOOL YEAR: 2017-2018

STUDENT NAME _____ GRADE/TEACHER _____
BIRTHDATE _____ BUS NUMBER _____
ADDRESS _____ BUS DRIVER _____
PO BOX _____ TOWN STOP _____
CITY/STATE/ZIP _____ EMAIL _____

PARENT NAME _____ PARENT NAME _____
CELL PHONE _____ CELL PHONE _____
ADDRESS _____ ADDRESS _____
If different from child's *If different from child's*
CITY/STATE/ZIP _____ CITY/STATE/ZIP _____
EMPLOYER _____ EMPLOYER _____
CITY _____ CITY _____
WORK PHONE _____ WORK PHONE _____

In case of emergency the school will first notify the parent/guardians. If they are not available, the school will then contact one of the persons listed below. These people will be authorized to pick up or drop off your child.

NAME _____ RELATIONSHIP _____
CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

NAME _____ RELATIONSHIP _____
CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

CHILDCARE PROVIDER'S NAME _____
CELL PHONE _____ HOME PHONE _____

NAMES OF PERSONS (Other than emergency contact, childcare provider and parents) that child may be released to:

In the event this child should need emergency medical treatment, I authorize school personnel to provide necessary first aid. In case of accident or serious illness, I authorize school personnel, or other emergency personnel, to transport this child to the emergency room of the nearest hospital. I further authorize the hospital, and its medical staff, to provide emergency treatment deemed necessary by them for the well-being of this child. Act 116 of P.A. 1973

PARENT/GUARDIAN SIGNATURE

DATE