EMERGENCY CONTACT FORM

CHILD'S NAME_____

ADDRESS_____

In the event of an emergency:

1ST Person to Call: Name: _____ Phone #: _____home _____ work _____cell e-mail_____ Relationship to student: _____	2nd Person to Call: Name:_____ Phone #: _____home _____work _____cell Relationship to student: _____
3rd Person to Call: Name: _____ Phone #: _____home _____ work _____cell Relationship to student: _____	4th Person to Call: Name:_____ Phone #: _____home _____work _____cell Relationship to student: _____

Bus Rider? Yes___ No___ # of Miles student lives from school_____

May your child have Tylenol, ibuprofen, or an antacid if needed for minor discomfort? Yes No

Medical Alerts/Allergies: Yes No Please describe_____

_____

Daily Medications? Yes No Any Daily medications TO BE TAKEN AT SCHOOL? Yes No

If emergency treatment is required and the parent/guardian/emergency contacts cannot be reached, school authorities will use their best judgment in seeking emergency care.

_____ _____

Parent/guardian signature Date

PRESCHOOL BROTHERS & SISTERS

Name (First & Last)	Gender	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the Lena Public School District have permission to take your child's photo during special projects or occasions and print them in the newsletter or newspaper or publish them on social media such as Facebook, Instagram, etc?

Yes No