EMERGENCY INFORMATION / PROCEDURE Huron Academy 2018–2019

Update					
/	/				

(PLEASE PRIN Student Nar	,						
	Last	First Grade Level (18/19)	Teacher _	Middle	Sex: M or F		
Home Addre	ess	City:					
State:		Zip:	Phone:				
LOCATION	S WHERE PARENTS	S CAN BE REACHED IF NOT AT	HOME:				
Mother:			<u> </u>				
	Name	Work Name/Address		Hours	Phone		
Mother's ce	ll #:	Lives with child	yes	no			
Mother's E-I	Mail address						
Father:	Name						
				Hours	Phone		
Father's cell	l #:	Lives with child	yes	_no			
Father's E-N	/lail address						
NAME OF L	OCAL PERSON OR	RELATIVE IF PARENT (S) CAN	INOT BE REAC	HED:			
Name		Р	hone Number	Relationship			
Name		P	hone Number	R	Relationship		
Name		P	hone Number	R	elationship		
NAMES OF (When a paren	F PERSON (S) AUTH t is unable: a copy of this p	ORIZED TO PICK MY CHILD UP berson's Driver's License will be kept on fil	FROM SCHOO	<u> DL:</u>			
Name		Phone Num	ber	Relationship			
Name		Phone Num	ber	Relationship	Relationship		
Name		Phone Num	ber	Relationship	Relationship		
Did vour	child have the cl	nicken pox? Yes No _	Date	of last DTP sh	ot		
RELEASE: I (parent / guarown judgment	In case of emergency, accordian) request the school to in contacting the physician	ident, or serious illness to the student nan o contact me. If the school is unable to a an indicated below and to follow his/her transport the student to the hospital emer	ned on this data she reach me, my signa instructions. If thi	et in which medical treat ture below authorizes th	tment as required, ne school to exercise thei		
Parent/Guardian Signature					Date Signed		
REMARKS:		ny major or unusual health conditions? (Ponal supporting documentation that we ma		es No iile)			
If yes, please s	specify:						
Allergies	·	Other Conditions:					
Local Physicia	n Name:						