

BEFORE/AFTER SCHOOL EMERGENCY FORM

Name of Activity or Sport _____

Telephone Numbers Where Parent/Guardian Can Be Reached:

Name: _____ Name: _____

Home # _____ Home # _____

Work # _____ Work # _____

Cell # _____ Cell # _____

If parent/guardian **cannot** be reached, please call:

Name _____ Telephone # _____

Relationship: _____

Student's Physician: _____ Telephone # _____

Insurance Company: _____ Group # _____

Policy # _____

Does the student have any **allergies?** (bee sting, food, dust, etc.)

No: ____ Yes: ____ Please List: _____

Is the student allergic to any medications?

No: ____ Yes: ____ Please List: _____

Is the student on any medications?

No: ____ Yes: ____ Please List: _____

If sports activity, wear contacts? _____

Does your child have permission to:

Ride bus home following after-school enrichment classes? _____
Yes No

Ride bus to/from Portsmouth High School for Elementary Track meets? (Gr. 4 & 5)

Yes No

I give permission for my child to be treated by medical personnel and transported to the nearest hospital in case of an emergency, if parent/guardian cannot be reached.

Parent/Guardian Signature/Date _____