

Surround Care - Emergency Contact Information

Student's Name _____ Female () Male ()

Print Last Name Print First Name Print Middle Name

Date of Birth _____ Grade _____ School _____

Address _____ E-mail Address _____

Parent/Guardian _____ Legal Custodian _____

Person with whom child resides _____ Relationship _____

Mother's name _____ Place of Employment _____

Home # _____ Cell # _____ Work # _____

Father's name _____ Place of Employment _____

Home # _____ Cell # _____ Work # _____

PICK UP LIST and Names of people to call in case of an emergency. Photo I.D. is required

1. Name _____ Relationship _____

Address _____ Home # _____ Cell _____

2. Name _____ Relationship _____

Address _____ Home # _____ Cell _____

3. Name _____ Relationship _____

Address _____ Home # _____ Cell _____

4. Name _____ Relationship _____

Address _____ Home # _____ Cell _____

Medical Information

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Does your child have any known allergies to foods, bee, hornet or wasp? **YES NO UNKNOWN**

If yes, what is the prescribed treatment? _____

Does your child take any medication on a regular basis? **YES NO**

If yes, please explain _____

Must the medication be administered during Surround Care hours? **YES NO**

If yes, please explain _____

Does your child have any known handicaps such as hearing loss, vision problems? **YES NO**

If yes, please explain _____

Does your child have any diet restrictions? **YES NO Explain** _____

*Occasionally Surround Care provides a special healthy snack. We take into consideration any diet restrictions and wellness policy. Do we have your permission to give your child a snack? **YES NO**

(You as the parent/guardian are responsible for providing a snack and drink on a daily basis.)

In the event of an emergency, your child will be transported to the medical facility determined by the responding EMT's. It is understood that the school and Surround Care Employees, in arranging for transportation to a hospital for emergency care, is acting as a medium of mercy and is not thereby assuming responsibility.

If you have a preference to a particular hospital, please list here: _____

I certify that I have read and understand the rules and policies outlined.

Signature of Parent/Guardian

Date