



Contact/Emergency Form
2012-2013

Class of:	
<input type="checkbox"/> 2013	<input type="checkbox"/> 2015
<input type="checkbox"/> 2014	<input type="checkbox"/> 2016

Please supply the following information for contact & emergency use. In the event that there is a change, please notify the school promptly.

Student's Name: _____
FIRST LAST MIDDLE INITIAL

Address: _____ Apartment #: _____ Zip Code: _____

Home Phone Number: (_____) _____ Date of Birth: _____ Gender: MALE FEMALE

Guardian 1's Name: _____
FIRST LAST

Work Phone: (_____) _____ Cell Phone: (_____) _____

Email _____

Guardian 2's Name: _____
FIRST LAST

Work Phone: (_____) _____ Cell Phone: (_____) _____

Email _____

Legal Guardianship:

The student's legal guardian is: _____ Relationship to student: _____

The student lives with: _____ Relationship to student: _____

Emergency Contacts (other than guardians):

The persons listed below are authorized to pick up the student in case of an emergency and in the absence of a guardian. Note: All students must be picked up by an adult, age 21 years or older.

1. Name: _____ Relationship to Student: _____ Over 21 yes
Phone #1: (_____) _____ Phone #2: (_____) _____

2. Name: _____ Relationship to Student: _____ Over 21 yes
Phone #1: (_____) _____ Phone #2: (_____) _____

3. Name: _____ Relationship to Student: _____ Over 21 yes
Phone #1: (_____) _____ Phone #2: (_____) _____

The following person(s) **MAY NOT** pick up the student (In the case of a parent, legal documentation is required):



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In order to ensure the safety of your child during the school day, extracurricular activities, on any field trip, and other school sponsored events, we are asking you to please complete this section. For confidentiality purposes, this information will only be shared with relevant staff. Thank you for your cooperation in this important matter.

Please indicate with a check below if applicable and **ONLY** if your child is currently receiving treatment:

- Asthma Seizures Diabetes (circle type): Type 1 Type 2
 Food Allergies and reactions/severity: _____
 Non-Food Allergies and reactions: (type) _____
 Other Medical Condition: _____

 My child has NO allergies, medical conditions and/or does not take any medications during school hours.

Note: If your child has an allergy/medical condition, please request a Medical form from the main office for your physician to complete, and please return it to your child's campus as soon as possible.

Medication Policy:

If a student requires medication during school hours, the monitoring of the medications will be supervised by the Office Manager or School Nurse. At no time should a student be allowed to have medication in their possession or in their lockers. In order to monitor any student's self administration of prescribed medication (**including asthma inhalers**), we must have a Physician Request for self-administration on file (form available in Main Office). For any over the counter medication, we must have a parent/guardian request for self-administration (form available in Main Office). Students are responsible for coming to the main office to take their medications at the appropriate time. Please see the school office for Medication Administration forms.

Emergency First Aid:

In the event of an emergency, I hereby give permission to any campus of Noble Street Charter High School to perform emergency first aid or any other medical procedure immediately necessary. Furthermore, I give permission for the school to make a plan for my child to be taken to an emergency room in the event of an emergency. The school will attempt to contact the guardian(s) first. It is the guardian(s) responsibility to ensure that the school always has a current phone number.

I have read the above information and accept responsibility for following the school's policies regarding notification of: address/phone changes, emergency contact, medical conditions, and medication policy.

Homeless Education Program (STLS) Policy: (OPTIONAL)

Confidential Information

Complete this box only if it reflects (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian.

Check one box if you are living:

- in a shelter in an abandoned apartment/building
 with relatives or others due to lack of housing at a train or bus station, park, or in a car
 in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing
 temporarily housed in a shelter awaiting a DCFS permanent foster care placement.

Guardian Signature: _____ Date: _____

Print Name: _____

