

Hartselle City Schools Health Services

Student Emergency Contact Information

Barkley Bridge Elementary School Year: _____ Teacher/Grade: _____

(Please print)

Student's Name: _____ date of birth _____

Student lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Home Address: _____

Mother's Name: _____ Work place _____

Address (if different): _____

Mother's Home # _____ cell # _____ work # _____

Father's Name: _____ Work place _____

Address (if different): _____

Father's Home # _____ cell # _____ work # _____

If student becomes sick while at school and the parents cannot be reached, please list emergency contacts that have permission to check your child out of school.

1. Name _____ contact# _____ relationship _____

2. Name _____ contact # _____ relationship _____

3. Name _____ contact # _____ relationship _____

Please list the names of any brothers or sisters and school they attend: _____

All medical information is kept confidential. If the student has any changes in medical information during the school year, please contact the school nurse. Any medications given at school will require a school medication authorization form. These forms are available online, in the school office and in the health room.

Emergency Release:

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician/healthcare provider (if provided) and/or to call the local Emergency Medical Services and an ambulance for transport of the child to a hospital emergency room. Also your signature gives the school permission to release information required for emergency treatment only.

Parent signature _____ date _____

Parent signature _____ date _____

School nurse signature	Date	Revised date (if any)