

STUDENT EMERGENCY INFORMATION FORM

Student Name: _____
Last First Middle Date of Birth



PRIMARY LANGUAGE SPOKEN IN THE HOME: _____

Parent/Guardian Name: _____ Home Phone: _____
Address: _____ Cell Phone/Pager: _____
Occupation: _____ Work Phone: _____
Work Address: _____ E-Mail: _____

Parent Guardian Name: _____ Home Phone: _____
Address: _____ Cell Phone/Pager: _____
Occupation: _____ Work Phone: _____
Work Address: _____ E-Mail: _____

Name/Grade of brothers/sisters in Maynard Public Schools:

*School officials **must** be able to reach parents or an adult who will be responsible for your child in the event of an emergency dismissal for **any** reason. Such reasons might be illness, weather, or accident. If neither mother nor father can be reached, please list below the names of adults who can assume responsibility for your child. School Committee policy states: "If a child becomes ill at school and the school nurse or designee should deem it wise that the child be sent home, the parents shall be contacted and apprised of the situation, if this is possible, and asked to transport the child home."*

Name: _____ Phone: _____
Relationship: _____ Address: _____

Name: _____ Phone: _____
Relationship: _____ Address: _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care. Please contact the school nurse for more information about these programs. All communications are confidential.

Physician's Name: _____ Phone: _____
Address: _____

Dentist's Name: _____ Phone: _____
Address: _____

Does your child have health insurance? Yes No Dental Insurance? Yes No
Health Insurance Company: _____ Medicaid: _____

Parent/Guardian Signature: _____ **Date:** _____

GREEN MEADOW SCHOOL TRANSPORTATION INFORMATION

In order to be able to help your child at dismissal time, please fill out the following information:

Child's Name _____ Teacher _____

PARENT'S NAME _____ PHONE _____

WALKER BUS RIDER BUS NUMBER _____

Bus Stop Location _____

Where does your child go each day of the week? (home, EXCEL, babysitter, etc.)

	<u>Location</u>	<u>Bus Number</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

If your child is in the care of a daycare provider, what is that person's name and telephone number?

*Please notify the school office of any changes, in writing, so that we may have up-to-date information on file for your child.

ADDITIONAL EMERGENCY CONTACTS

Name: _____ Phone: _____

Relationship: _____ Address: _____

Name: _____ Phone: _____

Relationship: _____ Address: _____

Name: _____ Phone: _____

Relationship: _____ Address: _____

Name: _____ Phone: _____

Relationship: _____ Address: _____

Name: _____ Phone: _____

Relationship: _____ Address: _____