School Year ______-______

SUMTER COUNTY SCHOOL DISTRICT
EMERGENCY CONTACT FORM

PP-SR-022
Revised 6/2016

School ________________________ Program _______________________________

Student's Legal Name____DOB______________________________

Resident Address____(City)________________________(Zip) _______________

Mailing Address____(City)________________________(Zip)______________________

Male____ Female____ Home Phone# __________`_____ Cell Phone # _________________Student's Email Address: _______________________________

Who is the legal guardian if student is under 18____(PICTURE ID MAY BE REQUESTED)

Emergency Contact____ CELL/Other Phone #s ____

Emergency Contact Email Address ____ ____

Place of Work ____Work Phone #____

<u>PERSON(S) WHO MAY NOT PICK UP STUDENT If student is under 18 (MUST PROVIDE LEGAL DOCUMENTATION)</u>

Name/Relationship ____Name/Relationship____

PERSON(S) WHO WILL CARE FOR CHILD IN CASE PARENT/GUARDIAN CANNOT BE REACHED if student is under 18

NAME_________________________________ Phone# ________________ Name____________________________________ Phone #_________________

NAME_________________________________ Phone# ________________ Name____________________________________ Phone #_________________

PERSON(S) AUTHORIZED TO PICK UP STUDENT OTHER THAN PARENT/GUARDIAN if student is under 18 (PICTURE ID MAY BE REQUESTED)

NAME__________________________________ Phone# ________________ Name___________________________________ Phone #_________________

NAME__________________________________ Phone# ________________ Name___________________________________ Phone #_________________

<u>HEALTH INFORMATION</u> **Glasses ____** **Contacts ____**

Does the student have any chronic health conditions? Yes____ No____ If yes, please list and explain:____

Does the student have any allergies to: **Medication:** Yes____ No ____ **Food:** Yes____ No____ **Insects**: Yes____ No____

Environment: Yes____ No_____ If yes to any of the above, is medication required? Yes____ No____ List Medications:_________________________

____

Physician's Name ______________________________Phone #_______________ Dentist's Name ____________________ Phone#___________________

Record any operations, injuries or major illness this student has had in the past 12 months and give dates: _______________________________________

____

In case of accident or serious illness, I ask that the emergency contact be notified first. If the school cannot reach them, the school is to contact and follow the instruction of the physician or dentist listed on this form. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for student. If the persons listed on this consent form cannot be reached, school personnel have permission to transport student to the nearest emergency room. If the school must call an ambulance, I understand that it will be at my expense.

Signature of Student (or Guardian if under 18)____ Date______________________________

The information comprised on this form is correct to the best of my knowledge. I will not hold the school responsible for any incorrect information given. If any changes occur in this information, I understand it is my responsibility to contact the school immediately.

Signature of Student (or Guardian if under 18)____ Date______________________________

DISTRICTO ESCOLAR DEL CONDADO SUMTER
DOCUMENTO DE CONTACTO DE EMERGENCIA

PP-SR-022 Revised 04/2016

Año Escolar ______-______

Escuela ______________________________ Grado _____ Maestro/a ______________________AUTO______CAMINANTE______ #AUTOBUS______________

NOMBRE LEGAL DEL ESTUDIANTE____FECHA DE NACIMIENTO______________M/F _____

APELLIDO PRIMER NOMBRE NOMBRE DEL MEDIO (2NDO)

#SS_______________________

Dirección Residencial: ____Cuidad: ________________ Estado: _____ Código Postal: __________

Dirección Postal: ____ Cuidad: ________________ Estado: _____ Código Postal: __________

FAMILIA 1: Guardián Legal Principal (Residencia principal del estudiante)

Guardián 1: ____ Relación: ____________________ ☐ Recoge

Teléfono Primario: ___________________ Celular: ___________________ Teléfono del Trabajo: __________________ ☐ Custodia

Correo Electrónico: ____

Guardián 2: ____ Relación: ____________________ ☐ Recoge

Teléfono Primario: ___________________ Celular: ___________________ Teléfono del Trabajo: _________________ ☐ Custodia

Hermanos/as o Estudiantes asociados a la Familia 1 (Nombre, Escuela y rado):____

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INFORMACION DE SALUD – ¿Tiene su niño/a alguna de las siguientes condiciones? (circule SI o NO)

Asma SI o NO	Convulsiones SI o NO	Diabetes SI o NO	Enfermedad del Corazón SI o NO	TDAH/TDA (ADD/ADHD) SI o NO	Hemofilia/Desorden de la Sangre SI o NO	Problema Muscular/Esqueletal SI o NO
Alergia a:		Si seleccionó **SI,** favor de listar la alergia: (sulfato, nueces, maní, abejas, etc.)			Circule todas las que apliquen: Espejuelos Lentes de Contacto Audifónos (Ayuda de audio)	
Medicina	**SI** o **NO**				**Otras condiciones de salud:**	
Comida	**SI o NO**					
Insectos	**SI o NO**				**¿Desea listar a un doctor cómo contacto de emergencia? SI o NO**	
Alergias	**SI o NO**				**Nombre:**	**Teléfono:**

Firma del Padre/Madre/Guardián____ **Fecha:**______________________________

La información constatada en este formulario es correcta de acuerdo a mi conocimiento. No haré a la escuela responsable por cualquier información incorrecta. De ocurrir cambios en esta información, entiendo que es mi responsabilidad ponerme en contacto con la escuela inmediatamente.

Firma del Padre/Madre/Guardián____ **Fecha:**______________________________