

## Emergency/Transportation Information Form

In order to promote the optimal health and safety of the students at Intermediate Unit IV operated classes, we ask your cooperation in supplying the information requested here. Please return this form with your child tomorrow.

Child's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School Attending: \_\_\_\_\_

Gender: \_\_\_\_\_

School Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_

School District Child's Parents Reside In: \_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_

### Medical Information

Doctor's Name: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Special Health Concerns

Describe, as completely as possible, any special health problems or health needs that your child may have, i.e. medications/allergies:

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### Emergency Contacts

As care and treatment of any child is primarily a parental responsibility, every effort will be made to contact the parent first. Please list two persons **living near you** that you may contact to care for your child in the event that an **emergency** should prevent you from being at home when your child is brought home from school. It is important that you contact each of the persons listed and let them know that they may be called to take care of your child in case of an emergency.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### If Applicable: If Your Child is Transported From Either a Daycare or Sitter's Home

Please provide the following information.

Address: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Major Emergency Medical Care

In case of an accident or emergency and it is deemed advisable by Intermediate Unit personnel to obtain immediate care for my child and Intermediate Unit personnel are unable to immediately locate a parent or guardian, I will assume financial responsibility and hereby give permission for it to occur. This treatment may be given by the school physician or in the emergency room of the nearest hospital. I have read the entire form and have filled in all the information as accurately as possible.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

**Please Advise Your Child's Teacher of any Changes in the Above Information.**

**TRANSMIT COPY TO TRANSPORTATION SECRETARY AT THE MIDWESTERN INTERMEDIATE UNIT IV**

#### For Internal Use Only

Transportation Requirements  Wheel Chair  Lift  Assistive Device  Car Seat