



LINTON HALL SCHOOL

Emergency Care Information Form 2017-2018

THIS FORM MUST BE COMPLETED *IN FULL AND SIGNED* BEFORE RETURNING IT TO SCHOOL.

Student's Name _____ Grade _____

Address _____ Date of Birth _____
_____ Zip code _____

Home Phone Number (____) _____ Email _____

Public School & County your child **would have** attended: School _____ County _____

Student's Ethnic Background (*for statistical purposes*) [] African American [] Asian American
[] Caucasian [] Latino/Hispanic [] Middle Eastern American [] Multi-racial
[] Native American [] Other (please specify) _____

Outstanding Medical History (e.g. diabetes, heart disease, contact lenses, etc)

Child's allergies (if any) _____

Medications child is taking _____

Date of last tetanus shot _____

Insurance Company _____ Policy Number _____

Father's Name _____

Work Phone (____) _____

Cell Phone (____) _____

Mother's Name _____

Work Phone (____) _____

Cell Phone (____) _____

Student's Physician _____

Telephone (____) _____

Student's Dentist _____

Telephone (____) _____

Emergency Contact (1) _____

Relationship _____

Cell Phone (____) _____

Address _____

Work/Cell Phone (____) _____

Emergency Contact (2) _____

Relationship _____

Cell Phone (____) _____

Address _____

Work/Cell Phone (____) _____

(Please inform the office IMMEDIATELY of changes in the above information. Parents cannot be secondary emergency contact person)

Please check the boxes below if you give LHS permission for the items listed:

[] **Activities Permission**

I give my permission for my child to participate in all Linton Hall School and Extended Day activities during the 2015-2016 school year. Activities include, but are not limited to swimming, field trips, sports, choir and other special programs/activities.

[] **Medical Authorization**

In the event I cannot be reached immediately, I request and authorize Linton Hall School and its Extended Day staff to obtain medical care for my child in cases of emergency illness and/or injury.

Parent / Guardian: _____

Date: _____

