



# Emergency Care Information & Authorization 2020-2021

## LINTON HALL SCHOOL

**\*Please be sure to complete every section of this form as it must be completely filled out for licensing purposes.**

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Main Phone Number (\_\_\_\_) \_\_\_\_\_ Family Email: \_\_\_\_\_

Gender \_\_\_\_\_ Class/Grade \_\_\_\_\_

*For statistical purposes:*

Student's Ethnic Background: African American [ ] Asian [ ] Caucasian [ ] Latino/Hispanic [ ]

Middle Eastern American [ ] Multi-racial [ ] Native American [ ] Pacific Islander [ ]

Other (please specify) \_\_\_\_\_

Primary Language spoken at home \_\_\_\_\_

Public School & County your child would have attended: School \_\_\_\_\_ County \_\_\_\_\_

Student's Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Allergies and/or Outstanding Medical History (e.g. asthma, diabetes, heart disease, contact lenses, etc)

\_\_\_\_\_

Medications child is taking \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**(Please inform the office IMMEDIATELY of changes in any information on this form.)**

Mother

Father

Full Name \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

(if different than child) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

Occupation/Employer \_\_\_\_\_

\_\_\_\_\_

Are parents separated? \_\_\_\_\_ Is either parent deceased? \_\_\_\_\_ With whom does the child live? \_\_\_\_\_

**Emergency contacts – to be contacted if parents are not able to be reached in case of an emergency and are authorized to pickup:**

Emergency Contact (1) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_





LINTON HALL  
SCHOOL

# Transportation Form 2020-2021

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

I authorize my emergency contacts and the following family members, friends, parents, colleagues, or their drivers to pick up my child from Linton Hall School and/or from the Linton Hall School Extended Day Program. LHS will assume the list you are providing includes your established carpool drivers. **If your child is to leave with anyone, other than your established carpool, it is necessary for you to send a note to school with your child to include the name of the driver picking s/he up. We will ask for ID of anyone we have not met on your list to confirm.** If needed, please use the back for additional names.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Authorized Pick Up List:

- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Authorized Pick Up List:

I **DO NOT** authorize the following person(s) to pick up my child:

- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_