



Emergency Care Information & Authorization 2023-2024

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 M F 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 – NOT PARENTS – 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 2023-2024

Student's Name _____ Class/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

The electronic signature above and their related fields are treated by Linton Hall School like a physical handwritten signature on a paper form.

Authorized Pick Up List:

- Name: _____
Relationship: _____ Phone: (____) _____
- Name: _____
Relationship: _____ Phone: (____) _____
- Name: _____
Relationship: _____ Phone: (____) _____
- Name: _____
Relationship: _____ Phone: (____) _____
- Name: _____
Relationship: _____ Phone: (____) _____

Not Authorized Pick Up List:

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

- Name: _____
Relationship: _____ Phone: (____) _____
- Name: _____
Relationship: _____ Phone: (____) _____