

**2023-2024 CCS STUDENT INFORMATION/EMERGENCY CONFIDENTIAL FORM**

\_\_\_\_\_  
LAST NAME                      FIRST                      MIDDLE                      HOME PHONE

\_\_\_\_\_  
DATE AND PLACE OF BIRTH                      GRADE                      Female /Male /Non-binary  
(Please circle one)

\_\_\_\_\_  
PARENT/GUARDIAN: FULL NAME                      PARENT/GUARDIAN: EMAIL

\_\_\_\_\_  
MAILING ADDRESS                      TOWN                      STATE                      ZIP

\_\_\_\_\_  
STREET ADDRESS                      TOWN                      STATE                      ZIP

\_\_\_\_\_  
Occupation                      Work phone                      Cell phone                      Child lives with this parent  
\_\_\_\_\_  
(Please check)

\_\_\_\_\_  
PARENT/GUARDIAN: FULL NAME                      PARENT/GUARDIAN: EMAIL

\_\_\_\_\_  
MAILING ADDRESS (if different from above)                      TOWN                      STATE                      ZIP

\_\_\_\_\_  
STREET ADDRESS (if different from above)                      TOWN                      STATE                      ZIP

\_\_\_\_\_  
Occupation                      Work phone                      Cell phone                      Child lives with this parent  
\_\_\_\_\_  
(Please check)

\_\_\_\_\_  
Please list other children in the home and birth date for each child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dominant language spoken at home: \_\_\_\_\_ Race: \_\_\_\_\_

**INFORMATION RELEASE**

I give permission to include our telephone number, email address and parent's names in the school directory.

\_\_\_\_\_  
Parent/Guardian Signature                      Email for Directory                      Phone # for Directory

***Please Flip Over & Complete Other Side***

**EMERGENCY MEDICAL INFORMATION**

Physician: \_\_\_\_\_

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

Dentist: \_\_\_\_\_

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

**If you cannot contact me at any numbers listed above, you may send or release my child/ children to:**

1) \_\_\_\_\_

(Name & relationship)

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

2) \_\_\_\_\_

(Name & relationship)

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

**NOTE:** In the event of a medical emergency (not life threatening), the emergency names listed above are not allowed by law to make medical decisions for your child.

Listed below is an excerpt from the CCS Board of Education Policies:

"The first consideration must be the child's welfare. In the event that neither parent, designated responsible persons, nor the child's physician can be reached in an emergency, the decision for moving and securing medical aid is transferred to the school physician or another physician in his/her place, the school nurse, next the principal, then the teacher. If this procedure is followed, parents must assume the expense of moving and treating the ill or injured child."

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Is your child covered by health insurance?  Yes  No

Please list allergies (medication, food, environmental): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any foods you do NOT want your child to have in school: \_\_\_\_\_

\_\_\_\_\_

**IF DIVORCED OR SEPARATED**, the law states that unless we have a court order (up-to-date) saying one parent does not have the legal right to see the child/children or his/her/their records, we may not refuse to let either parent take the child from school or withhold information regarding school records. A current copy of the court order must be on file in the school office. Please initial here if a court order is on file (or please include)

\_\_\_\_\_

**PLEASE BE CERTAIN TO ALERT THE SCHOOL IF ANY OF THE INFORMATION LISTED ABOVE CHANGES. THANK YOU!**