

2022-2023 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!