

Surround Care - EMERGENCY INFORMATION

Student's Name _____ Female ()
Last Name First Name Middle Name Male ()

Address _____ Grade _____ Date of Birth _____

Parent(s)/Guardian _____ Legal/Custodian _____

Person with whom child resides _____ Relationship _____

Home Phone _____

Mother's Name _____ Place of Employment _____

Work Phone _____ Cell Phone _____
Ext. _____

Father's Name _____ Place of Employment _____

Work Phone _____ Cell Phone _____
Ext. _____

PICK UP LIST - for Surround Care ONLY

The following is a list of adults allowed to pick up, care for and /or transport my child from Surround Care at any time. Non-family students are excluded from transporting other students. For security purposes, photo identification may be requested at time of pick-up.

Name _____	Name _____
Phone _____	Phone _____
Cell _____	Cell _____
Address _____	Address _____
Relationship _____	Relationship _____
Name _____	Name _____
Phone _____	Phone _____
Cell _____	Cell _____
Address _____	Address _____
Relationship _____	Relationship _____

PLEASE COMPLETE & SIGN THE REVERSE SIDE

MEDICAL INFORMATION

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Does your child have an allergy to foods, bee, hornet or wasp stings? YES NO UNKNOWN

If yes, what is the prescribed treatment? _____

Does your child have any known handicaps such as hearing loss, vision problems, etc? YES NO
explain: _____

Does your child take any medication on a regular basis? YES NO
Please explain: _____

Must the medication be administered during Surround Care hours? YES NO
Please explain: _____

In the event of an emergency, your child will be transported to the medical facility determined by the responding EMT'S. It is understood that the school and Surround Care Employees, in arranging for transportation of your child to a hospital for emergency care, is acting as a medium of mercy and is not thereby assuming responsibility.

I certify that I have read and understand the rules and policies outlined in the student/parent handbook.

Signature of Parent/Guardian

Date