

Einstein Academy – Emergency Form

Full Student Name _____ DOB _____ Grade _____

Address: _____

Parent/Parents _____

Address: _____

Preferred phone: _____ Cell: _____ Home: _____

List persons to be notified and authorized to accept responsibility for this student's care in emergency:

1. _____ Contact # _____

2. _____ Contact # _____

Physician/Pediatrician _____ Phone _____

Specialist _____ Reason _____ Phone _____

Specialist _____ Reason _____ Phone _____

Insurance Provider _____ Insurance # _____

Allergies _____

Medications to be given at school with physician authorization :

Other conditions/comments _____

I hereby give permission for my child to receive the following non-prescription medications (provided by parent) at school: _____

EMERGENCY EARLY SCHOOL CLOSING INFORMATION AND AUTHORIZATION: In the event that my child is to be dismissed **before or after the close of school**, the school is authorized to release my child **ONLY** to the following individuals:

Name, relationship, address, phone (s):

1. _____

2. _____

3. _____

Parents must send in a written note with date and contact information if the student is to be released to any person not listed above. It is the responsibility of the parent to keep the school advised of any changes to the information listed in this form.