

Sumner School District
Major Disaster/Emergency Information 2011-2012

Center: _____
Child's Name _____ Date of Birth _____ Sex _____
Family Information
Home Address: _____ City: _____ State _____ Zip _____
Father's Name: _____ Mother's Name: _____
Employer: _____ Employer: _____
City/Location: _____ City/Location: _____
Home Ph: _____ Wk Phone: _____ Home Ph: _____ Wk Phone _____
Cell phone: _____ Cell phone: _____
Email: _____ Email _____

Local Emergency Contact:

Name: _____ Relationship: _____
Address: _____ City: _____ ST: _____ Zip: _____ Ph: _____

Out of State Contact

Name: _____ Relationship _____
Address _____ City _____ St _____ Zip _____ Ph _____

Authorization and Consent/Child Release

To ensure children's safety, Sumner School District will release a child only to the parent(s)/Legal Guardians who have signed this form and to those listed below as undersigned by the parent/guardian.

Name: _____ Relationship: _____
Day Ph: _____ Evening Ph _____ Cell Ph: _____
Name: _____ Relationship: _____
Day Ph: _____ Evening Ph: _____ Cell Ph: _____
Name: _____ Relationship: _____
Day Ph: _____ Evening Ph: _____ Cell Ph: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I understand that the emergency contacts listed will be called. I authorize Sumner School District to call an ambulance to transport my child to a medical facility and to secure necessary medical treatment. I understand the faculty in the child care center is trained in the basics of first aid and CPR and authorize them to give either to my child as necessary.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Health/Physician Information

Physician Name: _____ Phone: _____
Child's Weight: _____ Height: _____ Eye Color _____ Hair Color _____
Medications Taken Regularly _____
Frequency: _____ Reason _____
Other Medical Conditions to be aware of: _____
Date of last physical: _____ Allergies: _____