

EMERGENCY CONTACT LIST

Name _____ Grade _____ Rm. _____ Teacher _____
Last First M

In case my child becomes ill or injured at school and parent contact cannot be made, you may contact or release my child to the following:

<u>NAME</u>	<u>RELATION</u>	<u>CONTACT #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that in an emergency when we cannot be contacted the school authorities will use their best judgement in the interest of our child's health and welfare. The school assumes no financial responsibility. If emergency service involving medical action or treatment is required and neither parent/guardian nor family physician can be reached for consent the district will call 911. In this circumstance emergency service personnel will be responsible for determining what type of care is required.

I understand that the Washington Union School District does not provide accident insurance for students for school related injuries but does offer student insurance for voluntary purchase through Myers-Stevens & Toohey Company, Inc.

In case of an accident at school, if contact cannot be made, can we take your child to a local physician/hospital? ☐ YES ☐ NO

DISASTER PREPAREDNESS CONTACT LIST

In case of a school emergency, natural disaster, or other situation where students must be released to another adult besides myself, I authorize the school to release my student to the following person from my neighborhood. **LIST NO LESS THAN THREE (3) PEOPLE FROM YOUR NEIGHBORHOOD.**

<u>NAME</u>	<u>HOME #</u>	<u>CELL #</u>	<u>WORK #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remember it may be difficult to get to the school in some emergencies,
Do not list people out of the district area.

ADDITIONAL AUTHORIZATIONS

PERMISSION TO BE PHOTOGRAPHED: I give my permission for my child to be photographed, and videotaped for school yearbooks, district website, and educational purposes. No child's name will be used on the district's website. ☐ YES ☐ NO

I understand that falsifying any information on this card could result in the immediate transfer of my child to another school district.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

IMPORTANT: PLEASE INFORM OFFICE / TEACHER OF ANY CHANGES DURING THE SCHOOL YEAR