



## 2008-2009 EMERGENCY INFORMATION FORM

This information is required by the State of Maine. It is extremely important that it be kept up-to-date. If you move or change phone or email addresses please notify the business manager.

### CHILD'S INFORMATION

NAME \_\_\_\_\_ Nickname \_\_\_\_\_ DOB \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Gender \_\_\_\_\_ Class \_\_\_\_\_  
Date of Enrollment \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Preferred email address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Work Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_  
What is the best way of contacting you during school hours?  
\_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Preferred email address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Work Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_  
What is the best way of contacting you during school hours?  
\_\_\_\_\_

### Which parent is most easily contacted in case of emergency?

\_\_\_\_\_

### IN CASE OF EMERGENCY

Please list relatives, friends or neighbors who can assume temporary care of child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

### PLEASE LIST ALL ALLERGIES (INCLUDING DRUG ALLERGIES) AND MEDICAL CONDITIONS

Allergies \_\_\_\_\_  
Drug Allergies \_\_\_\_\_  
Medications Taken \_\_\_\_\_  
Last Tetanus \_\_\_\_\_  
Medical Conditions \_\_\_\_\_  
Special Needs \_\_\_\_\_

**MEDICAL INSURANCE/PHYSICIAN**

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_ Subscriber \_\_\_\_\_  
Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_  
Physician Address \_\_\_\_\_  
Dentist \_\_\_\_\_  
Dentist Phone \_\_\_\_\_  
Dentist Address \_\_\_\_\_

**AUTHORIZATION TO PICK-UP**

We must have written permission release your child to anyone other than the legal guardians. This form acts as that, but if someone who is not on this form needs to pick-up your child please send a note.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

**AUTHORIZATION TO OBTAIN EMERGENCY CARE**

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to provide the emergency care necessary, including transport to a hospital and treatment they deem necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO PHOTOTGRAPH**

While at Tidewater School, your child may be photographed or interviewed about his or her involvement in a school class or activity. Only with your permission will we use this material in Tidewater School communications pieces (web site, newsletter, etc.) or send this material to local media for publicity purposes. I give Tidewater School permission to use photographs and/or interviews with my child for publicity purposes, as described above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

We, the undersigned parents, acknowledge that the information listed above is correct. Further, we agree to comply with all policies and rules governing Tidewater School as stated in the Parent Handbook (provided to us) and other school publications.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_