



Howard Gardner MI Charter School Student Emergency Form 2021-2022

Fill out completely and **notify school immediately with any changes:**

Please Print: Full Legal Name

Last Name	First	Middle	Birthdate	F/M	Grade
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Home Address _____ Home Number (____) _____

Parent/Guardian E-mail address: _____

IN CASE OF EMERGENCY it is vitally important for the safety and well-being of your child that we have the information requested on this form.

Check which parent should be called first. Mother Father Guardian

Student Lives With: Mother Father Guardian

_____	_____	(____) _____	_____	_____
Father/Step/Guardian	Employer	Work Phone	Ext.	Cell Phone

_____	_____	(____) _____	_____	_____
Mother/Step/Guardian	Employer	Work Phone	Ext.	Cell Phone

_____	_____	(____) _____	_____	_____
Child Care Provider	Employer	Work Phone	Ext.	Cell Phone

IT IS VERY IMPORTANT, IN CASE PARENTS CANNOT BE REACHED, THAT TWO (2) ADDITIONAL NAMES AND TELEPHONE NUMBERS BE LISTED - PLEASE NOTIFY:

OTHER _____	_____	(____) _____
Name	Address	Phone

OTHER _____	_____	(____) _____
Name	Address	Phone

_____	_____	(____) _____
PHYSICIAN	Emergency Call	Phone

_____	_____	(____) _____
DENTIST	Emergency Call	Phone

TO PROVIDE FOR YOUR CHILD'S SAFETY, WE NEED TO BE INFORMED REGARDING THE STUDENT'S CURRENT HEALTH ISSUES.

GENERAL HEALTH (Please check **all** that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Head Injury | <i>EPI-Pen needed?</i> _____ | <i>EPI-Pen needed?</i> _____ | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Glasses/Contacts | <input type="checkbox"/> Asthma | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Surgeries/Accident |
| <input type="checkbox"/> Other | <i>Inhaler needed?</i> _____ | <input type="checkbox"/> Heart Disease | |
| | <input type="checkbox"/> Hearing Difficulty | | |

Please explain _____

Does student take regular medications at home? Yes No List _____

Required to take medication at school? Yes No **Medications at school require written authorization from the health care provider and the parent.** Please fill out forms and bring into Medical office with correct medication on first day of school.

Name of medication(s) _____

Physician's Name _____ Telephone (____) _____ Fax (____) _____

Does student have health insurance? Yes No Name of Insurance _____

Policy number _____

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

EMERGENCY FACILITY REQUESTED _____

If unable to contact anyone, your child will be transported by ambulance to the hospital.

Is there a person who the child may **NOT** be released to, please indicate?

Name _____ Relationship _____

Order of Protection Exists? Yes No

Signature of Parent or Guardian _____ Date _____