



Howard Gardner MI Charter School 2023-2024 Student Emergency Form

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

Please Print: Full Legal Name

Last Name First Middle Birthdate F/M Grade

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 card.

Check which parent should be called first. Mother Father

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

If none of the above is available, your child will be transported by ambulance to the hospital. **TO PROVIDE FOR YOUR CHILD'S SAFETY, WE NEED TO BE INFORMED REGARDING THE STUDENT'S CURRENT HEALTH ISSUES.**

GENERAL HEALTH (Please check any that exist)

- Diabetes
- Food Allergy
- Bee Sting Allergy
- Other Allergies
- Head Injury
- EPI-Pen needed? _____*
- EPI-Pen needed? _____*
- Seizures
- Glasses/Contacts
- Asthma
- ADHD/ADD
- Surgeries/Accident
- Other
- Inhaler needed? _____*
- Heart Disease
- 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 of the health care provider and the parent.

Name of medication(s) _____

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

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

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 _____

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 _____