FELL CHARTER ELEMENTARY SCHOOL
Emergency Contact/Permission

I/We understand that providing current emergency contact information is critical to the safety and well-being of my/our child. My/Our signature on this form certifies my/our understanding and commitment to provide updates (in writing) of any and all changes in contact information, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teacher(s).

1. Name of Child: _____ Age: _____ Date of Birth: ____/____/____

2. Address: _____ City _____ State _____ Zip ___
Street Number and Name Apt. #

3. Home Phone: _____ Cellular Phone: _____ Emergency Phone: _____

4. Mother/Guardian: _____ Address: ☐ Check if Same as Above

Address if different than above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

5. Father/Guardian: _____ Address: ☐ Check if Same as Above

Address if different than above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

6. Local Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

7. I/We hereby give permission to the staff of the Fell Charter School to secure emergency medical treatment by a qualified physician for the above named child while under their supervision: YES NO (circle one)

8. Name of child's physician or health clinic: _____

Address: _____ City _____ State _____ Zip ___

Phone Number _____ After-Hours Emergency Number _____

9. Hospital preferred for Emergency Treatment: _____

10. Health Insurance Policy Name and Number: _____

11. Please list any special services your child has received in the last three (3) years: _____

_____

12. Please list any allergies: _____ Date of last Tetanus Shot: ____/____/____

13. Name(s) of Person other than Parent or Legal Guardian to Whom Child maybe released must be 18 years or older:

_____ _____

_____ _____

In the event that I/we can not be contacted and if my designated emergency contact is not available, I/we understand and agree that Fell Charter School will telephone 911 for emergency medical assistance and will follow their directives.

Parent/Guardian Signature: _____ Today's Date: ____/____/____