

WOODSTOCK ELEMENTARY

EMERGENCY RELEASE FORM

Child's Last Name: _____ First: _____

Home Address: _____ Zip: _____

Date of Birth: _____ Home Phone: _____

Father's Name: _____ Place of Work: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Place of Work: _____

Cell Phone: _____ Work Phone: _____

Child lives with: Both parents Mother Father Other _____

Please list the names of people that are authorized to pick up and transport your child in the case of a community disaster. Please provide as many names as possible.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>

Please list a phone number below of a relative living out of state who could receive a message. (In times of disaster, local telephone service and cell service may be interrupted, but out-of-state calls may go through.) An out-of-state person can coordinate your family getting together as quickly as possible.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER (with area code)</u>

FOR OFFICE USE ONLY	EMERGENCY SIGN-OUT LOG	FOR OFFICE USE ONLY
Where is authorized adult taking the child?		
____ Adult's home ____ Child's home ____ Shelter ____ Hospital ____ Other: _____		

Signature of Authorized Adult Taking Child	Date	Time

FAMILY GROUP INFORMATION

Child's Name: _____

Names of brothers and sisters attending Woodstock in 2009-2010:

NAME	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

Names of brothers and sisters attending Woodstock in 2010-2011:

NAME	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

Names of brothers and sisters attending Woodstock in 2011-2012:

NAME	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

Names of brothers and sisters attending Woodstock in 2012-2013:

NAME	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

Names of brothers and sisters attending Woodstock in 2013-2014:

NAME	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

Names of brothers and sisters attending Woodstock in 2014-2015:

NAME	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

Names of brothers and sisters attending Woodstock in 2015-2016:

NAME	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

Names of brothers and sisters attending Woodstock in 2016-2017:

NAME	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

MEDICAL INFORMATION

Child's Name: _____

The following information could be vital to emergency medical care personnel in the case of a community disaster. Please review and update this information yearly.

HEALTH HISTORY		
Does your child have any of the problems listed below?	YES	NO
1. Allergies or reactions: (for example: food, medication, etc.)		
2. Hay fever, asthma, or wheezing		
3. Eczema or frequent skin rashes		
4. Convulsions/Seizures		
5. Heart Trouble		
6. Diabetes		
7. Other:		
Please explain any problem areas identified above:		
Does your child take any medications regularly?	YES	NO
If yes, what medication? _____		
Reason for medication? _____		
Dose of medication: _____		

MEDICAL PROVIDER INFORMATION		
Is your child covered by medical insurance/coverage?	YES	NO
Medical Provider: _____		
Health Insurance Policy Number: _____		
Insurance Company's Address: _____		
Phone Number for Insurance Company: _____		
If you are uninsured, have you applied for CHIP?	YES	NO

Please **initial** each year that the medical information has been reviewed and updated:

_____ 2009 - 2010

_____ 2010 - 2011

_____ 2011 - 2012

_____ 2012 - 2013

_____ 2013 - 2014

_____ 2014 - 2015

_____ 2015 - 2016

_____ 2016 - 2017

AUTHROIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINORS

While at school, your child may suffer a severe accident or illness that requires medical attention. This may be related or un-related to a community emergency. In this event, every attempt will be made to contact parents and guardians first and repeatedly. If we are unable to locate you in a timely manner, this form gives the healthcare facility permission to treat your child if the need arises. In the case of a life-threatening medical emergency, when a child requires immediate treatment in order to save his or her life or to prevent injury to health, treatment may proceed without parental consent. Again, please be assured that the school and hospital will make every reasonable effort to contact you prior to treatment, but if you are unreachable, this authorization will allow the hospital/clinic to provide the necessary care.

I, the undersigned parent/guardian of _____ (child's name), consent to necessary medical services for my child under the supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Utah. These services can be rendered only when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. I agree to assume all financial responsibility for services rendered.

This authorization is to be effective from _____ (mo/yr) to _____ (mo/yr).

Signature of Parent or Guardian: _____ Date: _____

This authorization is to be effective from _____ (mo/yr) to _____ (mo/yr).

Signature of Parent or Guardian: _____ Date: _____

This authorization is to be effective from _____ (mo/yr) to _____ (mo/yr).

Signature of Parent or Guardian: _____ Date: _____

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