

# 2016-2017 LCS EMERGENCY INFORMATION FORM

Please return to the School Office by **September 16.**

FAMILY LAST NAME (please print): \_\_\_\_\_

**Consent:**

Knowing that from time to time illnesses and/or accidents occur, I understand that school officials will make every effort to contact me if my child is sick or injured. However, if the school is unable to reach me in a medical emergency, I give permission to the school to call paramedics or any licensed physician or dentist. I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

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

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

Name of children attending LCS:	Grade:	Health Concerns:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*In the case of sickness or emergency, which parent/guardian should we contact FIRST:**

Parent/guardian \_\_\_\_\_ Parent/guardian \_\_\_\_\_

#1: \_\_\_\_\_ #2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

List TWO people who have permission to pick up your child when you are unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\*\* WEATHER- RELATED OR EMERGENCY EARLY DISMISSAL \*\*\*

**ALL STUDENTS WILL TAKE THE BUS HOME AS USUAL ON AN EARLY DISMISSAL DAY.**

**IF YOUR CHILD IS NOT A BUS RIDER, PLEASE PICK HIM/HER UP NO LATER THAN 3:00 pm.**

**NO AFTER-CARE WILL BE PROVIDED IN THE EVENT OF A WEATHER- RELATED OR EMERGENCY EARLY DISMISSAL.**