

SUMTER COUNTY SCHOOL DISTRICT
EMERGENCY CONTACT FORM

PP-SR-022
Revised 9/2015

School Year _____ - _____

School _____

Program _____

Student's Legal Name _____ DOB _____

Resident Address _____ (City) _____ (Zip) _____

Mailing Address _____ (City) _____ (Zip) _____

Male ___ Female ___ Home Phone# _____ Cell Phone # _____ Student's Email Address: _____

Who is the legal guardian if student is under 18 _____ (PICTURE ID
MAY BE REQUESTED)

Emergency Contact _____ CELL/Other Phone #s _____

Emergency Contact Email Address _____

Place of Work _____ Work Phone # _____

PERSON(S) WHO MAY NOT PICK UP STUDENT If student is under 18 (MUST PROVIDE LEGAL DOCUMENTATION)

Name/Relationship _____ Name/Relationship _____

PERSON(S) WHO WILL CARE FOR CHILD IN CASE PARENT/GUARDIAN CANNOT BE REACHED if student is under 18

NAME _____ Phone# _____ Name _____ Phone # _____

NAME _____ Phone# _____ Name _____ Phone # _____

PERSON(S) AUTHORIZED TO PICK UP STUDENT OTHER THAN PARENT/GUARDIAN if student is under 18 (PICTURE ID MAY BE REQUESTED)

NAME _____ Phone# _____ Name _____ Phone # _____

NAME _____ Phone# _____ Name _____ Phone # _____

HEALTH INFORMATION

Glasses _____ Contacts _____

Does the student have any chronic health conditions? Yes ___ No ___ If yes, please list and explain: _____

Does the student have any allergies to: Medication: Yes ___ No ___ Food: Yes ___ No ___ Insects: Yes ___ No ___

Environment: Yes ___ No ___ If yes to any of the above, is medication required? Yes ___ No ___ List Medications: _____

Physician's Name _____ Phone # _____ Dentist's Name _____ Phone# _____

Record any operations, injuries or major illness this student has had in the past 12 months and give dates: _____

In case of accident or serious illness, I ask that the emergency contact be notified first. If the school cannot reach them, the school is to contact and follow the instruction of the physician or dentist listed on this form. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for student. If the persons listed on this consent form cannot be reached, school personnel have permission to transport student to the nearest emergency room. If the school must call an ambulance, I understand that it will be at my expense.

Signature of Student or Guardian if under 18 _____ Date _____

The information comprised on this form is correct to the best of my knowledge. I will not hold the school responsible for any incorrect information given. If any changes occur in this information, I understand it is my responsibility to contact the school immediately.

Signature of Student or Guardian if under 18 _____ Date _____