

Guardian's email address: _____

Do you have access to the web? _____ yes _____ no

Emergency Contact #1: Name _____ Phone _____

Emergency Contact #2: Name _____ Phone _____

Doctor's Name _____ Doctor's Phone _____

Dentist's Name _____ Dentist's Phone _____

Hospital Preference: Portage Health System or Aspirus Keweenaw (circle one)

_____ We have adequate insurance to protect our child in case of an accident.

_____ Other (explain) _____

Please list any health problems or concerns including allergies:

If school is closed early my children are to: _____ go home as usual _____ wait for parent to pick up

_____ other (explain) _____

Student Status:

_____ I am a resident of the Dollar Bay-Tamarack City Area Schools

_____ I am not a resident of DB-TC Schools, but am a resident of the Copper Country I.S.D. and my child is attending DB-TC schools as a school of choice student

Please list below the person or persons that your child may be released to in event of early dismissal or illness:
