

# BROWERVILLE PUBLIC SCHOOLS 2023-2024 EMERGENCY & INFORMATION FORM



NAME OF PARENT(S) / GUARDIAN(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL 1 #: \_\_\_\_\_

WORK 1 #: \_\_\_\_\_ WORK 2 #: \_\_\_\_\_ CELL 2 #: \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### LIST ANY EMERGENCY CONTACTS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD(REN) IF YOU CANNOT BE REACHED.

Relation \_\_\_\_\_

Relation \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

IN CASE OF AN ACCIDENT, OR SERIOUS ILLNESS, AND THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO SEEK MEDICAL ATTENTION FOR MY CHILD AS NEEDED.

**\*\*NOTE:** *The school will not assume the responsibility for taking students to medical facilities not located in Browerville.*

Our school utilizes a licensed pest control service firm for the prevention and control of rodents, insects, and other pests in and around the building. Please make a note below if you need to be notified before the building is sprayed.

### PLEASE LIST ALL YOUR CHILDREN ATTENDING BROWERVILLE PUBLIC SCHOOLS:

	STUDENT NAME	GRADE	FOOD & DRUG ALLERGIES
1.			
2.			
3.			
4.			
5.			
6.			

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### PERMISSION SLIP FOR LOCAL FIELD TRIPS:

The above listed child(ren) have my permission to go on all local field trips – both busing and walking. Individual permission slips will be sent home for field trips taken any distance out of town.

My child, \_\_\_\_\_ receives medication for \_\_\_\_\_, which is prescribed by Dr. \_\_\_\_\_. He/she should be limited in the following activities: \_\_\_\_\_

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**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_