



STUDENT INFORMATION

Last Name: _____ First Name: _____ M.I. _____ Date of Birth: _____

Student's Home Address: _____ City _____ State _____ ZIP _____

Development _____ Home Telephone: _____

PRIMARY CONTACT

Last Name: _____ First Name: _____ M.I. _____ Relationship to Student: _____

Address: _____ City: _____ State: _____ ZIP _____

Development _____ Telephone: _____ Cell Phone: _____

Place of Employment: _____ Business Telephone: _____ Ext. _____

Email: _____

Is the Primary Contact a custodial parent or guardian? YES _____ NO _____

SECONDARY CONTACT

Last Name: _____ First Name: _____ M.I. _____ Relationship to Student: _____

Address: _____ City: _____ State: _____ ZIP _____

Development _____ Telephone: _____ Cell Phone: _____

Place of Employment: _____ Business Telephone: _____ Ext. _____

Email: _____

Is the Secondary Contact a custodial parent or guardian? YES _____ NO _____

IF THE PRIMARY AND SECONDARY CONTACTS CANNOT BE REACHED, PLEASE CALL:

Primary Emergency Contact

Last Name: _____ First Name: _____ M.I. _____ Relationship to Student: _____

Address: _____ City: _____ State: _____ ZIP _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Secondary Emergency Contact

Last Name: _____ First Name: _____ M.I. _____ Relationship to Student: _____

Address: _____ City: _____ State: _____ ZIP _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

(Continued on the reverse side)

IN ADDITION TO THE PRIMARY AND SECONDARY CONTACTS, THE FOLLOWING PEOPLE MAY PICK UP MY CHILD FROM SCHOOL:

Last Name: _____ First Name: _____ Relationship to Student: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Relationship to Student: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

MEDICAL INFORMATION

Physician's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Indicate any serious medical issues:

Indicate any medications your child regularly takes:

Indicate any allergies the child has and specify if an allergy is life-threatening (must provide a physician's allergy action plan):

Medical Insurance Provider: _____

Certificate Number

Group Number

Type

In the event of an illness or emergency, parents are expected to pick up their child within an hour of notification from school. Emergency contacts should be within one hour driving distance from the school.

MOT Charter School will follow the procedures below when caring for a child who becomes sick or injured at school:

1. The school nurse will call the home.
2. If there is no answer at home, the school nurse will call the place of employment of the primary and/or secondary contacts.
3. If there is no answer at home or at the place of employment, the school nurse will call the primary and/or secondary emergency contacts and the family physician.
4. If none of the above answer, the school nurse will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the judgment of the attending physician, the child may be admitted to a local medical facility.
6. The school will continue to call parent/guardians, emergency contacts, and physician until someone is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. **I will promptly notify the school if any of the above information changes.**

All custodial parents/guardians must sign this Emergency Data and Health Form.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____