

Oscoda Area Schools Student Emergency Information

Student Information				
Last	First	Middle	Date of Birth	Gender
			<input type="checkbox"/> M <input type="checkbox"/> F	
School	ID Number	Grade	Teacher	Bus AM/PM
<input type="checkbox"/> Student has medical alert information on file <input type="checkbox"/> Custody agreement governing child on file				
Allergies:				
Medical Information:			Name of Doctor:	
Name of medication taken regularly:			Doctor's Phone:	
Parent/Guardian Information				
Last		First		Home Phone:
				Cell Phone:
Street Address		City	Zip	
				Work Phone:
				Work Place:
Mailing Address, if different:				E-mail Address:
Relationship			<input type="checkbox"/> Resides with	
Other Contact Information				
<i>Please list below four people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.</i>				
Name of Person	Relationship to Student	Home Phone	Work/Cell Phone	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
<i>In the event of an emergency, if a parent cannot be contacted, I authorize the officials of the Oscoda Area School District to contact persons named above. I also authorize the named physician to render any emergency treatment deemed necessary. In the event that a parent, an emergency contact or my child's physician cannot be reached, I authorize school officials to take whatever action is deemed necessary. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.</i>				
DO NOT RELEASE STUDENT TO: _____				
<i>Please note: The school cannot deny any parent access to his/her child unless a court order or other legal document has been presented to the school.</i>				
Signature of Parent/Guardian			Date	