

**STUDENT EMERGENCY CONTACT INFORMATION
SCHOOL TRIP, AND URGENT MEDICAL AUTHORIZATION**

DIRECTIONS: Most fields should be self-explanatory. In the area of contacts, indicate the phone numbers, in order, that school officials should attempt until successful contact is made to pass urgent information about the student. For example, the 1st contact entry could be the child's mother at home, the 2nd could be the mother's cell phone, the 3rd could be father's cell phone, etc.

STUDENT INFORMATION

LAST NAME:	FIRST NAME:	GRADE	HOME PHONE: ()
ADDRESS:	CITY:	STATE	ZIP: COUNTY:
MEDICAL CONDITIONS/ALLERGIES:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	

CONTACT ORDER	PHONE NUMBER	CONTACT PERSON	LOCATION
1st	()	NAME:	ADDRESS OR FIRM:
	TYPE PHONE (<i>circle</i>): HOME CELL WORK	RELATIONSHIP:	CITY:
2nd	()	NAME:	ADDRESS OR FIRM:
	TYPE PHONE (<i>CIRCLE</i>): HOME CELL WORK	RELATIONSHIP:	CITY:
3rd	()	NAME:	ADDRESS OR FIRM:
	TYPE PHONE (<i>CIRCLE</i>): HOME CELL WORK	RELATIONSHIP:	CITY:
4th	()	NAME:	ADDRESS OR FIRM:
	TYPE PHONE (<i>CIRCLE</i>): HOME CELL WORK	RELATIONSHIP:	CITY:
5th	()	NAME:	ADDRESS OR FIRM:
	TYPE PHONE (<i>CIRCLE</i>): HOME CELL WORK	RELATIONSHIP:	CITY:
6th	()	NAME:	ADDRESS OR FIRM:
	TYPE PHONE (<i>CIRCLE</i>): HOME CELL WORK	RELATIONSHIP:	CITY:

REQUIRED FOR STUDENTS WHO RIDE AN AFTERNOON SCHOOL BUS

Occasionally, it is necessary to close school early because of snow or other weather related emergencies. Please indicate specific instructions on where your child should go if no one is at home or at the after-school drop off point.

PARENT/GUARDIAN PERMISSION – SCHOOL SPONSORED TRIPS

I give permission for my child to take school-sponsored trips during the 2010-2011 academic year.

PARENT OR GUARDIAN NAME (<i>print</i>)	SIGNATURE	DATE
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PARENT/GUARDIAN PERMISSION – URGENT MEDICAL CARE

I, being the parent or legal guardian of _____, do hereby appoint a dependable adult representative of Kenston Forest School to act in my behalf in authorizing unexpected urgent medical, dental, surgical care and hospitalization in my absence during the 2010-2011 academic year.

PARENT OR GUARDIAN NAME (<i>print</i>)	SIGNATURE	DATE
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