

Grade: _____

GUNNISON ELEMENTARY SCHOOL EMERGENCY INFORMATION FORM

Teacher: _____

It is essential that the following information be correct. Please make any necessary changes, fill in missing information, **SIGN** the bottom and **RETURN** to the GES office. Please **SIGN** and **RETURN** even if no changes/additions are made.

Name: _____ Gender: M F

DOB: _____ Home Phone: _____ Ethnic Origin: _____

Key for Ethnic Origin: 01=American Indian/Alaskan Native, 02=Asian/Pacific Island, 03=Black/Not Hispanic, 04=Hispanic, 05=White/Not Hispanic

Physical Address: _____

Mailing Address: _____

Father's Name: _____ Cell Phone: _____

Father's Employer: _____ Day Phone: _____

Father's Email: _____

Home Phone: _____ SchoolMessenger Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's Employer: _____ Day Phone: _____

Mother's Email: _____

Home Phone: _____ SchoolMessenger Phone: _____

Student lives with: Both Parents Father Mother Guardian Joint Custody

If the student lives with one parent, joint custody law states that academic and school-related information must be sent to both parents. **Please provide the following for the parent whose address and phone number is not listed above.**

Name: _____ Relationship to student: _____

Mailing Address: _____ Phone: _____

Other local emergency contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

List all other persons under age 21 living in your home:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Does your child have a history of chronic illness, health concerns, allergies, or current medical issues that the school should be aware of? No Yes; If yes, please explain: _____

Is your child on any medications? No Yes; TYPE: _____

Do these medications need to be given at school? No Yes; (If yes, please request a "Medications Permission" form.)

Medicaid number (if applicable): _____

EMERGENCY CARE PERMIT - Required for STUDENT SAFETY by School District Policy

I, the undersigned, do hereby authorize officials of Gunnison Watershed School District RE1J to contact directly the persons named on this form, and do authorize the named physician/dentist to give such treatment as may be deemed necessary in any emergency, for the health of said child. In the event the physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of said child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. *I give permission for GES to disclose my student's name and picture to school related programs and media featuring school activities.*

Signature of Parent or Guardian

Date