



EMERGENCY INFORMATION GRADES PS & PK

2016-2017

Student Name _____ Grade _____ Birth Date _____

Student Primary Address _____ City _____ State _____ Zip Code _____

Parent/Guardian – **Father** _____

Address _____

City _____ State _____ Zip Code _____

HM(____) _____ CELL(____) _____ WK(____) _____

E-Mail Address _____

THIS EMAIL IS ESSENTIAL FOR IMPORTANT SCHOOL COMMUNICATION, INCLUDING SCHOOLREACH.

Parent/Guardian – **Mother** _____

Address _____

City _____ State _____ Zip Code _____

HM(____) _____ CELL(____) _____ WK(____) _____

E-Mail Address _____

THIS EMAIL IS ESSENTIAL FOR IMPORTANT SCHOOL COMMUNICATION, INCLUDING SCHOOLREACH.

**WHO TO NOTIFY IN CASE OF EMERGENCY IF PARENTS ARE UNAVAILABLE.
YOU MUST HAVE TWO METRO AREA CONTACTS WHO COULD PICK UP YOUR
ILL OR INJURED CHILD IF YOU ARE NOT AVAILABLE.**

Name **and** Relationship _____

Address _____

City _____ State _____ Zip Code _____

HM(____) _____ CELL(____) _____ WK(____) _____

Name **and** Relationship _____

Address _____

City _____ State _____ Zip Code _____

HM(____) _____ CELL(____) _____ WK(____) _____

ALL FIELDS ARE MANDATORY

EMERGENCY MEDICAL INFORMATION

I give permission to The International School of Minnesota to administer:

Sunscreen

Insect Repellant

Bacitracin

Vaseline

Allergies _____

Current Medications _____

Doctor _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

Dentist _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

EMERGENCY POLICY

In the event of serious illness or injury occurring within the jurisdiction of The International School of Minnesota, The School will first attempt to reach you and/or your physician. If s/he is unavailable, a school employee will make arrangements with a physician, hospital or emergency resource for immediate care.

I give permission to The International School of Minnesota to act in my behalf to take whatever emergency measures (such as first aid, disaster and evacuation) as are judged necessary for the care and protection of my child while under the supervision of The School.

I further agree to indemnify and hold harmless The International School of Minnesota and its agents, from all claims as a result of any and all acts performed under this authority.

Parent / Guardian Signature

Date