



Student and Emergency Information (2018-2019)

Student Name _____ Grade _____ Birth Date _____

Student Primary Address _____ City _____ State _____ Zip Code _____

Parent/Guardian _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home(____) _____ Cell(____) _____ Work(____) _____

E-Mail Address _____

***Please indicate below the parent/guardian information you would like listed in the Student/Staff Directory (check all that apply)**

☐ Name (circle one: Mr./Mrs./Ms./Miss/Rev./Dr.) ☐ Address ☐ Email ☐ Phone (circle one) Home / Cell / Work

Parent/Guardian _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home(____) _____ Cell(____) _____ Work(____) _____

E-Mail Address _____

***Please indicate below the parent/guardian information you would like listed in the Student/Staff Directory (check all that apply)**

☐ Name (circle one: Mr./Mrs./Ms./Miss/Rev./Dr.) ☐ Address ☐ Email ☐ Phone (circle one) Home / Cell / Work

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 _____

City _____

Home(____) _____ Cell(____) _____ Work(____) _____

Name and Relationship _____

City _____

Home(____) _____ Cell(____) _____ Work(____) _____

Allergies _____

Current Medications _____

Doctor _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

Dentist _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

Preschool, Pre-Kindergarten, and Kindergarten only: I give permission to The International School of Minnesota to administer:

☐ Sunscreen ☐ Insect Repellant ☐ Bacitracin ☐ Vaseline ☐ First Aid Antiseptic Spray ☐ Anti-itch Ointment

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