



## ALD EMERGENCY CARE FORM

GRADE: \_\_\_\_\_ ROOM: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ALLERGIES/MEDICAL PROBLEMS: \_\_\_\_\_

STUDENT \_\_\_\_\_

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_

ADDRESS \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

Parent/Guardian Place of Business: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Parent/Guardian Place of Business: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

CUSTODIAL AGREEMENT: N/A \_\_\_\_\_ SOLE \_\_\_\_\_ DUAL \_\_\_\_\_ RESTRAINING ORDER: \_\_\_\_\_

YES \_\_\_\_\_ (If YES, attach copy) NO \_\_\_\_\_

List, in order, persons, including PARENTS/guardians, to be notified of emergency/illness/early dismissal who are authorized and willing to accept responsibility for this student's care.

1. NAME \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. NAME \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

3. NAME \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

4. NAME \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY EARLY DISMISSAL INFORMATION

PLEASE BE ADVISED THAT IT WILL BE IMPOSSIBLE TO TELEPHONE PARENTS IN THE EVENT OF EARLY SCHOOL CLOSING.

**\*\*Your response to the below has to match the schools Emergency Card.**

In the event of early school closing and no one is home, my child has been instructed to:  
walker, adult pick up \_\_\_\_\_ walker, walk home \_\_\_\_\_ take the bus home \_\_\_\_\_

Physician/Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

It is the parent/guardian's responsibility to keep the school advised of any changes.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_