RCSD Student Emergency Information
2008-2009

Grade_____ **Afternoon Transportation**
Circle One:

Homeroom Teacher_____ **Car Bus Frontiers Daycare**_____

PLEASE PRINT

Student Name: _____
Last First Middle

Race:_____ Sex:_____

Social Security #:_____ Date of Birth: _____

Address: _____ Home Phone: _____
Street City Zip

Medical Problems: _____ **Allergies:** _____

Physician: _____ **Phone #** _____

Medication(s): _____ _____

Mother's Name: _____ **Work #**_____ **Cell #:**_____

Cell Phone Provider: _____ Mother's Email_____
____ I **do** wish to receive text messages and/or email messages from the school/school district.
I **do not** wish to receive text messages and/or email messages from the school/school district.

Father's Name: _____**Work #**_____**Cell #:**_____

Cell Phone Provider: _____ Father's Email: _____
____ I **do** wish to receive text messages and/or email messages from the school/school district.
I **do not** wish to receive text messages and/or email messages from the school/school district.

Please initial one of the following regarding the discipline procedures involving your child:
____ I <u>DO NOT OBJECT</u> to corporal punishment/paddling being used on my child.
I <u>PREFER THAT CORPORAL PUNISHMENT/PADDLING NOT</u> be used as a consequence.

If child lives with anyone other than the above listed parents, please fill out the following:
Child lives with (circle) Parent & Stepparent/Guardian

_____ _____ _____
Name Address

Home #_____ Work #_____ Cell #_____

List two neighbors or relatives who can assume temporary care if you cannot be located:

Name:_____ Relationship:_____
Home # _____ Work #_____ Cell #_____

2. Name:_____Relationship:_____
Home #_____ Work #:_____Cell #_____

Persons who have my permission to check my child out of school. Please list their relationship to the child.

1. Name | Relationship to child | Home # | Cell #
2. Name | Relationship to child | Home # | Cell #
3. Name | Relationship to child | Home # | Cell #
4. Name | Relationship to child | Home # | Cell #
5. Name | Relationship to child | Home # | Cell #
6. Name | Relationship to child | Home # | Cell #

Please include any special instructions regarding school checkout. Court custody orders are required to be on file in the school office if custody is restricted: _____

I understand that my child may not be allowed to be checked out by anyone else, regardless of circumstances. I further understand that no exceptions will be made unless school officials are notified in writing by note sent with child, brought to school by parent, or faxed to school office. The same requirements will be enforced for dismissal and transportation changes.

Parent Signature _____

Date	Time	Signature	Reason for Dismissal