SummerGATE Student Emergency Form

Dear Parents:
The information on the form below is important to your child's safety. Please complete all sections on the form. Should the information change during the course of the summer, please inform our office at 415-753-2966.

Illness or Accident:

1. Cases which appear to be of a minor nature will be treated with first aid at the school. Medication will not be administered by mouth.
2. In cases which are apparently serious, the school will make every effort to carry out your instructions given on the form below.
3. Parents will be asked to take sick children home.
4. If the home does not supply adequate instructions, or if the instructions given cannot be followed at the time of an emergency, the school directors will act according to their best judgment for the welfare of the child.

Last name of student	First name (PLEASE PRINT)	Grade in September

Address	Home Telephone	Birth Date

ILLNESS OR ACCIDENT OR LEAVING SCHOOL PREMISES: In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence. They may also release my child from school:

Name	Address	Telephone

Name	Address	Telephone

If one of the above cannot be reached, I wish my child to be taken to the Emergency Hospital ❑ Yes ❑ No

I wish the following doctor to be notified:

Name	Telephone

Special Medical Conditions of which the staff should be aware:

Has your child received the MMR vaccine (Measles)? ❑ Yes ❑ No
(We want to be able to communicate with you immediately in the case of exposure to measles.)

Special Instructions

PARENT'S BUSINESS ADDRESS & PHONE: The following numbers and addresses may be used in cases of emergency:

Parent's Last Name	First Name	Business Address & Phone	Cell Phone

Parent's Last Name	First Name	Business Address & Phone	Cell Phone

Signature X _____ Date _____ Relationship: ❑ Parent ❑ Guardian