

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 information change during the course of the summer, please inform our office: infosummergate@gmail.com.

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
I wish the following doctor to be notified:
Name Telephone
Special Medical Conditions/Allergies of which the staff should be aware:
Has your child received the MMR vaccine (Measles)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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