

Bloomsburg Area School District
Emergency Contact Information/Transportation Form 2018-2019

It is necessary for us to have the following information on file concerning your child to be used in case of an accident or illness. In the event a child becomes ill at school, the parent will be called to provide transportation home.

Beaver-Main_____	W.W. Evans_____	Memorial_____	Middle School_____	High School_____
_____		_____	_____	M_____ F_____
Student Last Name, First Name, Middle Initial		Grade	Date of Birth	Gender
_____		_____		
Homeroom Teacher	Room #	Student's Phone #	Student's Address (street address and city)	
_____		_____		
Parent 1's Name (First Name, Middle Initial, Last Name)		Parent 1's Phone #	Parent 1's Address (street address and city)	
_____		_____		
Parent 2's Name (First Name, Middle Initial, Last Name)		Parent 2's Phone #	Parent 2's Address (street address and city)	
_____		_____		
Parent 1's Place of Employment Phone #		Parent 2's Place of Employment Phone #		
_____		_____		
Parent 1's E-mail Address		Parent 2's E-mail Address		

Please list two other people who may care for your child if we cannot contact you:

Contact #1 Name	Primary Phone #	Secondary Phone #	Relation to Student
_____	_____	_____	_____
Contact #2 Name	Primary Phone #	Secondary Phone #	Relation to Student
_____	_____	_____	_____

I give permission for administration of the following to my child when deemed appropriate by school district health personnel:

Acetaminophen (Tylenol)_____ Ibuprofen_____ Antacid Tablets_____ Benadryl_____

List any medications your child takes on a regular basis:_____

List any medical concerns for your child that school personnel should be aware of (e.g., allergies, asthma, diabetes, etc.):

Incoming, kindergarten, sixth-grade, and eleventh-grade students require a physical exam. I understand that I need to supply documentation of a private physical exam by the mid-year point of these grade levels or the exam will be conducted at the school by the school physician.

Transportation of children in case of illness is a family responsibility. The school does not assume responsibility for treatment of accidents or illness that occur outside of school. In the event of an acute emergency, I authorize the school to have my child transported to the nearest hospital emergency room by ambulance, if needed. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. I understand that selected health information relevant to my child's education and physical safety may be shared with appropriate school personnel.

Parent's Signature

Date

List siblings living in the same household : _____
 (including their sex and date of birth) _____

**THIS FORM SHOULD BE RETURNED IMMEDIATELY SO IT IS ON FILE IN THE SCHOOL WHERE
YOUR CHILD ATTENDS.**