

PARENT PERMISSION AND EMERGENCY INFORMATION FORM

The Dearborn Public Schools request the following permission and emergency information form to be completed so that your child may participate in educational activities.

STUDENT'S NAME _____ GRADE _____ SEX _____

ADDRESS _____ PHONE _____

WHERE PARENTS CAN BE REACHED IF NOT AT HOME:

MOTHER _____ PHONE _____ CELL _____

FATHER _____ PHONE _____ CELL _____

In case of an accident or serious illness, it is understood that the school will take whatever immediate action is necessary for the welfare of the student. However, the policy to be followed is to first contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem reasonable and appropriate under the circumstance.

SIGNED _____ DATE _____
(Parent or Guardian)

LOCAL PHYSICIAN'S NAME _____

ADDRESS _____ OFFICE PHONE NUMBER _____

Do you have Medical-Hospital Insurance? Yes _____ No _____

Insurance Company _____ Policy or Group Number _____

Are there any health problems we should be aware of such as:

Special Diets _____ Asthma _____ Heart Condition _____

Medication _____ Hemophiliac _____ Allergy _____

Other _____

SPECIAL INSTRUCTIONS _____