

Date of Admission		Date of Discharge		Choice Schools Associates Emergency Procedure Card		
Child's Name (Last, First, Middle Initial)				Child's Address		
Child's Date of Birth	Home Phone Number ()		City	State	Zip Code	
Student lives with: Parents Mother Father Step-Mother Step-Father Grandmother Grandfather (circle)						
Father/Legal Guardian's Name			Mother/Legal Guardians Name			
Home Address (if not child's address)			Home Address (if not child's address)			
City	State	Zip Code	City	State	Zip Code	
Employer Name			Employer Name			
Employer Address			Employer Address			
City	State	Zip Code	City	State	Zip Code	
Work Phone ()		Work Contact Times		Work Phone ()		Work Contact Times
Please indicate whom we should contact in case of an emergency (other than parent)						
1 st choice:			Daytime Phone: ()			
2 nd choice:			Daytime Phone: ()			
Doctor:			Phone: ()			

Name of Person other than Parent/Guardian to whom child may be released:	
Is there a second name, address & phone you would like listed in the directory?	
In case of an early dismissal, my child may be sent to:	
1 st choice:	Phone: ()
2 nd choice:	Phone: ()
Are there any restrictions on your child's activities at school? Yes No If Yes, please explain.	
Is there any medical information/concerns you would like to share with the school which might help better serve your child?	
In case of separated/divorced parents, are there any legal restrictions on the release of child to either parent? Yes No If so, we will need a copy of formal documentation to keep in your child's file.	
EMERGENCY INSTRUCTIONS (used only in case of emergencies)	
____ I give permission to Grattan Academy to secure emergency medical and/or surgical treatment for the previously named minor child while in care.	
____ I do not give permission to Grattan Academy to secure emergency medical and/or surgical treatment for the above name minor child while in care.	
Hospital preferred in case of emergency:	Phone: ()
Health insurance policy name and number:	
Allergies (if any)	
Signature of Parent/Guardian	Date: