



## SOMERSET COUNTY PUBLIC SCHOOL EMERGENCY & FIELD TRIP INFORMATION

School Year \_\_\_\_\_ Bus # Student Rides: To School \_\_\_\_\_ From School \_\_\_\_\_

Student Name (Last, First, Middle) \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Do not release directory information to Military Recruiters. **(High School Only)**

Parent/Guardian: Mother \_\_\_\_\_ Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
 Father \_\_\_\_\_ Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Work Phone No. \_\_\_\_\_

If applicable, Daycare/Sitter's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

Student's Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Person to contact if unable to reach parent/guardian:

Name \_\_\_\_\_ Phone \_\_\_\_\_

To the best of your knowledge, does your child have a history of or any problems with the following?

	Yes	No		Yes	No
Hospitalization: When _____ Why _____			Allergies (Food, Insects, Drugs) Specify Type _____		
Surgery: Type _____			Asthma (takes medication for asthma)		
Sickle Cell Disease			Sickle Cell Disease or Trait		
Lead Poisoning			Diabetes (Type I or Type II)		
Vision/Hearing Problem (circle)			Seizure Disorder		
Heart Problems (explain below)			Bleeding Problems		
Serious Allergic Reaction (specify below)			Problem with Bladder/Bowels		
Behavior/Emotional Problem (explain)			Other (specify) _____		

Does your child take any medications? \_\_\_ Yes \_\_\_ No Please list: \_\_\_\_\_

Please explain all "YES" answers. Please attach additional paper for comments. \_\_\_\_\_

**EMERGENCY FIRST AID CONSENT:** Many times a parent cannot be located immediately and for this reason we feel that written permission should be available in the school files in the event of an emergency. If you are in agreement with this policy, please sign the form at the place indicated below. If your child is living with both parents or legal guardians, a signature is requested from each.

In the event of serious injury or illness of my child \_\_\_\_\_ while at school, and I cannot be located for verbal permission, I hereby give the school personnel my written permission to obtain or give emergency treatment and transportation. **PARENT/GUARDIAN SIGNATURE**

DATE \_\_\_\_\_ DATE \_\_\_\_\_

WHITE - STUDENT HEALTH FILE

YELLOW - BUS

PINK - SCHOOL