

**Laurens Central School \* Emergency Information\***

1. Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. Student's Physical Address \_\_\_\_\_

3. Student's Mailing Address \_\_\_\_\_

4. **Primary** Parent/Guardian's Name: \_\_\_\_\_ Home# \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell# \_\_\_\_\_

Primary Parent/ Guardian's address \_\_\_\_\_

Primary Parent/Guardian's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

5. **Secondary** Parent/Guardian's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell# \_\_\_\_\_

Secondary Parent/ Guardian's address \_\_\_\_\_

Secondary Parent/Guardian's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

*LCS is collecting your phone number for communication purposes. By providing the number(s) and signing this document, you agree that the school may contact you by phone or text, including with auto-dialed and/or pre-recorded messages regarding school emergencies, school events, and any other school-related communications, as well as other information deemed relevant by the school district*

6. ***In case of an Emergency School Closing, if you wish to have your child dismissed in a different manner than usual, please advise us as to what procedure should be followed*** \_\_\_\_\_

7. ***Please provide the following health information:***

Allergies: \_\_\_\_\_ Daily Medications taken \_\_\_\_\_

Medical alerts: \_\_\_\_\_

8. ***List the information for any adults LCS may contact if you cannot be reached. These adults will be listed as emergency contacts with permission to pick up (use the back of the page for additional space if necessary) List in the order in which you would like them contacted:***

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

4. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

*The Board of Education has a policy regarding the release of students from school. This policy is to make sure no student in the Laurens Central School District is released to anyone other than to whom the parent (s) or guardian (s) gives consent. To enable the school district to carry out this policy we will need to know the names of those people to whom a student may be released. It is presumed that either parent of a student has the authority to obtain release of the student, unless a certified copy of a legally binding instrument, such as a court order or Decree of Divorce, separation or custody providing evidence to the contrary, has been provided to the district. To implement this policy, please fill out the required information above. Please complete the information for each child on a separate form. If you have any questions, please feel free to contact the school nurse, or Superintendent Bill Dorritie, at 432-2050.*

***Parent/Guardian Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

*Signature certifies that the provided information is true and accurate, as well as gives consent to share child's medical/health information with those who need to know (i.e. teacher, cafeteria manager, etc...).*