



The International School of Charlottesville

2009/2010

Emergency Information

Student (full name) _____ Nickname _____

Gender: _____ M _____ F Date of Birth: _____

Address: _____

Home Phone: _____

Parents or guardians:

Mother: _____

Father: _____

Address: _____

Address: _____

Place employed: _____

Place employed: _____

Phone: (h) _____

(w) _____

(cell) _____

e-mail: _____

Person(s) having legal custody of child: _____

(Appropriate legal documents shall be attached if (a) parent(s) is/are not allowed to pick up child)

Emergency Information

Student's physician: _____ Phone: _____

Allergies, food intolerances, medical conditions, medications etc: _____

Names and complete addresses (incl. zip code) of 2 (two) local people to contact if parents cannot be reached. Must be able to pick up child:

1. _____

_____ Phone _____

2. _____

_____ Phone _____

(Continued on the back)

Agreements: Please initial and date each item.

- _____ 1. The parent/guardian gives authorization for the student to attend field trips and use the school's transportation _____yes _____no
- _____ 2. The school agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the student picked up as soon as possible.
- _____ 3. The parent/guardian authorizes the school to obtain immediate medical care in case of emergency in the best interest of the student when the parent/guardian cannot be located immediately.
- _____ 4. The parent/guardian authorizes the school to apply:
_____ sunscreen (school-based: Waterbabies SPF 50)
_____ insect repellent (school-based BUZZ AWAY non-DEET)

Please indicate **all known adverse reactions** to sunscreen and/or insect repellent:

- _____ 5. The parent/guardian will inform the school within 24 hours or the next business day after his/her child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signatures:

Parents/guardians: _____ Date: _____

Director: _____ Date: _____

Date student entered school : _____ Date left: _____