



## Heritage School Emergency Information 2020 - 2021

### PARENT INFORMATION

Student's Full Name	Birthdate
Address	Primary Phone
City	Email Address For School Communication
State	Zipcode

Father's Full Name	Address – If Different
Cell Phone	City
Work Phone	State
Email	Zipcode
Father's Employer	

Mother's Full Name	Address – If Different
Cell Phone	City
Work Phone	State
Email	Zipcode
Mother's Employer	

### PHYSICIAN INFORMATION

Physician's Name	Phone
Dentist's Name	Phone

### EMERGENCY CONTACTS

Please provide two emergency contacts in case you can not be reached. Please be sure these individuals are available during school hours and can transport your child if needed due to illness.

Name	Home Phone
Relationship	
Address	Cell Phone
City	State
	Zipcode

Name	Home Phone
Relationship	
Address	Cell Phone
City	State
	Zipcode

**PLEASE COMPLETE INFORMATION ON REVERSE SIDE**

**TRANSPORTATION CONSENT**

The following driver(s) have my permission to pick up and transport my child from school:

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**CARPOOL**

This information may be revised at a later date when/if a carpool is established.  
(Please note: a carpool is a consistently scheduled transportation plan, not a one-time circumstantial need)

My child will be in a regular carpool with (names of other Heritage students): \_\_\_\_\_

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**EMERGENCY CARE CONSENT**

I hereby give permission, in an emergency, when our family or personal doctor cannot be contacted, for the staff of Heritage School to arrange for and secure such medical, dental and hospital care and treatment as may be deemed necessary for \_\_\_\_\_ and I agree to pay all financial charges involved.

**ALLERGY/MEDICAL CONDITION INFORMATION**

My child has allergies/medical condition that you should know about \_\_\_\_ Yes \_\_\_\_ No

Please specify allergies/medical condition: \_\_\_\_\_

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If your child may require allergy/medical condition related emergency medication or intervention, please see the Heritage School Director about completing a Food Allergy and/or Emergency Care Plan.

**MEDICAL INSURANCE/CARE PREFERENCE**

Insurance Identification Number \_\_\_\_\_

Local Hospital Preference \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_