

MENDON MIDDLE/HIGH SCHOOL
EMERGENCY INFORMATION FORM

Name: _____ Age: _____ Grade Level: _____

Birth Date: ____/____/____ Telephone #: (____) _____

Address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____

Is this a permanent or temporary address? _____ permanent _____ temporary
Is student living with anyone other than mom and/or dad? _____ Yes _____ No
If yes, who is student living with: _____ other family members (grandparents, etc.)?
_____ friends? _____ in a foster home? _____ in a motel/shelter

****Optional** Race/Ethnicity Background (For Federal Data Collection purposes)**

Please indicate your student's race. Please mark all that apply

_____ American Indian/Alaska Native _____ Asian
_____ Black/African American _____ Hispanic/Latino
_____ Native Hawaiian/Other Pacific Islander _____ White

Adult male living in house: Father _____ Step-Father _____ Guardian _____

His full name: _____

His place of employment: _____

Employer phone #: _____ Ext. _____

His cell phone #: _____

Adult female living in house: Mother _____ Step-Mother _____ Guardian _____

Her full name: _____

Her place of employment: _____

Employer phone #: _____ Ext. _____

Her cell phone #: _____

Emergency contact information:

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

Please list any health condition(s), allergies, serious illnesses:

****All medication should be brought to the high school office and not kept in lockers.**

I authorize Mendon Middle/High School to administer Tylenol-type pain reducers to the above named student. Yes _____ No _____

(over)

GENERAL CONSENT FOR EMERGENCY TREATMENT OF MINOR

IN CASE OF SERIOUS INJURY OR ILLNESS, MEDICAL TREATMENT CAN BE OBTAINED FOR YOUR CHILD BY SCHOOL PERSONNEL (ONLY IF WE ARE UNABLE TO REACH YOU) BY YOUR COMPLETING AND SIGNING THIS PORTION OF THE FORM:

Family Physician _____

Address _____

Phone No. _____

Hospital Preference: _____

I hereby consent to and authorize the Medical Staff Physician or above named doctor to examine and treat my minor child without the need of obtaining further specific consent for such examination or treatment from me. Such examination or treatment is approved for the 2017-18 school year, whether or not the above named child is accompanied by a relative or friend.

I assume full responsibility for the treatment rendered and for the traveling to and from the hospital or doctor's office. I understand that the consent and authorization herein granted DOES NOT include surgical procedures.

Mendon Community Schools has permission to take candid photos of my child for school related activities, including web pages, newsletters, newspapers, flyers, videos and other publications created by the school. Yes _____ No _____

SIGNED _____ DATE _____
(Parent/Guardian)

THIS FORM MUST BE SIGNED AND DATED BY A PARENT OR GUARDIAN, NOT BY A STUDENT.

Pesticide applications are applied on school grounds and/or in school buildings periodically in compliance with Michigan Department of Agriculture Regulation 637.

Indicate whether or not you wish to be advised ahead of time of this procedure:

Yes _____ No _____

For additional information about pesticide applications, contact Caleb Stephenson, Grounds Supervisor at (269) 496-8491.