

**ALLEN PARK MIDDLE SCHOOL
STUDENT DEMOGRAPHICS AND EMERGENCY INFORMATION SHEET
2008-2009**

Dear Parents:

It is very important that our school office have complete and accurate information regarding your student. Please complete the items below. The opposite side of this form needs to be completed also. Please have your student return this form to the office on schedule pick up day. Schedules will not be released unless this form is turned in. Thank you.

PLEASE NOTE ANY SPECIAL CUSTODY ARRANGEMENTS:

MEDICAL RELEASE – In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, or my emergency contacts, I hereby authorize the school to call the named physician and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever action is necessary.

PHYSICIAN'S NAME:

OFFICE PHONE:

PARENT SIGNATURE:

DATE:

PUBLICATION CONSENT – As part of our classroom/school projects, we occasionally use photos of students in printed publications or the internet. In order to do so, it will be necessary to have your approval. As parent and/or guardian for the name child, I promise to hold Allen Park Public Schools and its employees harmless from any liabilities in connection to printed or on-line publications.

YES NO My child's name/photo may be used in printed publications.

YES NO My child's name/photo may be used in Internet publications.

PARENT SIGNATURE:

DATE:

EMERGENCY EVACUATION: Our emergency evacuation plan during school hours calls for us to walk to St. Frances Cabrini Church and/or Riley School if our building is deemed unsafe. However, if we must dismiss students to their home, a plan is needed for each student. Please complete the following:

YES, my student may walk home.

NO, my student is not allowed to walk home. He/She may only be released to an emergency contact listed on the other side of this form.

ALLEN PARK PUBLIC SCHOOLS CODE OF CONDUCT: Your child will receive a copy of the district code with their schedule; please sign below to acknowledge that your child will be made aware of and abide by our district code:

PARENT SIGNATURE:

DATE:

**ALLEN PARK MIDDLE SCHOOL
STUDENT EMERGENCY INFORMATION RECORD**

NAME (LAST, FIRST):

ADDRESS OF RESIDENCE:

HOME PHONE:

CURRENT GRADE:

BIRTHDATE:

SOCIAL SECURITY NUMBER:

MALE HEAD OF HOUSEHOLD:

HOME PHONE:
WORK PHONE:
CELL PHONE:

FEMALE HEAD OF HOUSEHOLD:

HOME PHONE:
WORK PHONE:
CELL PHONE:

HEALTH ALERTS:

- ❖ A DOCTOR'S NOTE IS REQUIRED IF PHYSICAL EDUCATION RESTRICTIONS ARE NEEDED
- ❖ "PERMISSION TO ADMINISTER MEDICATION FORM" MUST BE COMPLETED AND ON FILE IN THE OFFICE IN ORDER TO MEDICATE STUDENT (SELF ADMINSTRATED OR BY STAFF).
- ❖ HEALTH INFORMATION PROVIDED ON THIS FORM AND INFORMATION SUBMITTED ON PHYSICAL HEALTH APPRAISALS MAY BE SHARED WITH SCHOOL PERSONNEL WHO ARE INVOLVED WITH THE HEALTH AND SAFETY OF YOUR CHILD.

THE SCHOOL WILL ONLY RELEASE YOUR CHILD TO THE PEOPLE LISTED BELOW:

CONTACT NAME AND RELATIONSHIP:

HOME PHONE:
WORK PHONE:
CELL PHONE:

CONTACT NAME AND RELATIONSHIP:

HOME PHONE:
WORK PHONE:
CELL PHONE:

CONTACT NAME AND RELATIONSHIP:

HOME PHONE:
WORK PHONE:
CELL PHONE:

IF SCHOOL PERSONNEL ARE UNABLE TO REACH ME OR A PERSON WHOM I HAVE DESIGNATED, I HEREBY AUTHORIZE THEM TO SECURE EMERGENCY MEDICAL TREATMENT AS NECESSARY. I AGREE TO PAY ALL EXPENSES INCURRED BY THE EMERGENCY CARE:

PARENT/GUARDIAN SIGNATURE:

DATE: