

STUDENT EMERGENCY INFORMATION SHEET

Last Name _____ First Name _____

Date of Birth _____ Grade _____ Sex _____ Home Phone # _____

PARENT/GAUARDIAN INFORMATION *Please include first name, last name, and parent(s)/ guardian(s) cell

MOTHER/GUARDIAN Name _____ FATHER/GUARDIAN Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E- mail _____

Employer _____ Employer _____

BROTHER/SISTER Name(s) and Age(s): _____

Living with _____ Mother & Father _____ Mother _____ Father _____ Guardian _____ Other _____

***In case of an emergency situation where a child would need to be picked up from school due to illness or injury, and a parent or guardian could not be reached, Webberville Community Schools has permission to contact the following individuals:**

Name _____	Phone Number _____	Relationship to student _____
Name _____	Phone Number _____	Relationship to student _____
Name _____	Phone Number _____	Relationship to student _____

DO NOT RELEASE TO: _____

Please explain: _____

RACE AND ETHNICITY Pease note: The following question are required by the U.S. Dept. of Education. Both parts A and B must be completed. We encourage you to select an answer for BOTH parts. If either part A or B is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

PART A IS THIS STUDENT Hispanic/Latino? (choose only one)

_____ No, not Hispanic/Latino

_____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

PART B What is the students race? (choose one or more)

_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American, including Central American).

_____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ Black or African American (A person having origins in any of the black racial groups of Africa)

_____ Native Hawaiian or other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or to the Pacific Islands.)

_____ White (A person having origins in any of the original peoples of Europe, the Middle Ease or North Africa.)

STUDENT'S NAME _____

STUDENT LANGUAGE INFORMATION:

Is your child's native tongue a language other than English?

YES ___ NO ___ If yes, what language? _____

Is the primary language used in your child's home or environment a language other than English?

YES ___ NO ___ If yes, what language? _____

HEALTH ALERTS – Is your child being treated for any of the following?

Allergy Bee Sting _____	Asthma _____
Allergy Food Dairy _____	Cardiac _____
Allergy Food Peanut Other Nuts _____	Depression _____ Anxiety _____
Allergy Food other _____	Diabetes _____
Allergy Medication Penicillin _____	Epilepsy _____
Allergy Medication Sulfa _____	Blood Pressure High _____ Low _____
Allergy Medication other _____	Hypoglycemia _____
Allergy Other _____	Migraine _____
ADD _____ ADHD _____	Other _____

If you checked any of the above ailments/conditions, is your child given medication at home for this ailment/condition?

YES ___ NO ___

If YES, please give the name and possible side effects of the medication _____

***If you would like your child to receive over the counter (OTC) medication (Tylenol, Ibuprofen, Sudafed, Advil, TUMS) you must provide the medicine in the original container with your child's name on the container.**

Permission for School Staff to Administer OTC Medication to Minor Student

ALL MEDICATION (INCLUDING OVER THE COUNTER MEDICATION) MUST BE KEPT IN THE HIGH SCHOOL OFFICE.

I recognize that while my son/daughter is attending Webberville Community Schools medical treatment on an emergency basis may be necessary and that school personnel may not be able to reach me for my consent for emergency medical care; I hereby consent to emergency medical care, including hospital care, as may be necessary under the existing circumstances.

Parent/Guardian Signature _____ Date _____

Permission for Text Messaging Communication from Webberville Community Schools

I give my consent to receive SMS messages from Webberville Community Schools containing important school information and updates. I understand that I can opt out of receiving these SMS messages at any time by replying STOP to the message or by contacting the main office.

Parent/Guardian Signature _____ Date _____

Photo Release Consent

During the school year, Webberville Community Schools may take photos and/or videos of students at school-related activities to use in various publications, including but not limited to yearbook, website, and school social media accounts. I understand that if I do not want my student(s) photos included in these publications, it is my responsibility to contact the main office.

Parent/Guardian Signature _____ Date _____