



NCS Student Emergency Form

(This form is to be filled out for each student every September)

Current School Year: _____

Current Grade: _____

Sex: M or F

Student: _____
Last First Middle Birth Date:

Address: _____
Street City/State Zip Home Phone

Father: _____
Place of Employment Work Phone Cell Phone

Mother: _____
Place of Employment Work Phone Cell Phone

Grandparent/Guardian: _____
Place of Employment Work Phone Cell Phone

Physician: _____
Clinic / City Phone

NEIGHBORS or RELATIVES who will care for student when parent(s)/guardian cannot be reached

Name/Relationship: _____
Home Phone Work Phone Cell Phone

Name/Relationship: _____
Home Phone Work Phone Cell Phone

Please list (or attach sheet listing specifics) any medications, health problems, allergies, disabilities, etc., for the school staff and bus drivers to be aware of: _____

Please Fax Updated Immunization Records to NCS Office (763-755-4405) if they have been updated since last school year.

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for my child to be given emergency treatment by a NCS Staff member as directed by our family physician or by myself as the parent. I give permission for my child to be transported by ambulance or aide by car to an emergency center.

I give permission to release information from my child's file to our family physician or to a referral source, and to obtain information from my physician or other professional source in the event of an emergency transfer. In the event that I or the nearest relative cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

SIGNED: _____ Date: _____
Parent or Guardian