

Grade \_\_\_\_\_

**HOLLY AREA SCHOOLS**

Student ID# \_\_\_\_\_

Teacher \_\_\_\_\_

**CONTACT AND MEDICAL AUTHORIZATION FORM**

Bus Rte \_\_\_\_\_

*Other than a parent, only persons listed on this sheet may pick up your child. PLEASE NOTE: Students will be released to parents unless a court order preventing contact is on file with the school building.*

Student's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Area Code w/Phone \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ **CONNECT-ED EMERGENCY#** \_\_\_\_\_

Resides with: (please circle) Mother Father Step-Father Step-Mother Legal Guardian Foster Parent  
**PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Cell phone with Area Code \_\_\_\_\_

Employer \_\_\_\_\_ May we contact you at work? \_\_\_\_\_ Area Code and Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Cell phone with Area Code \_\_\_\_\_

Employer \_\_\_\_\_ May we contact you at work? \_\_\_\_\_ Area Code and Phone Number \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**ADDITIONAL EMERGENCY NUMBERS:** If your child becomes ill or is injured at school, it is very important that we are able to reach someone close by to care for your child. List three people responsible for this student in the event a parent or guardian cannot be reached. **DO NOT PLACE YOURSELF AS #1 OR #2. THESE ARE OTHER PEOPLE THAT WE CAN CONTACT. WE WILL ALWAYS CONTACT THE PARENT OR GUARDIAN FIRST.**

**1<sup>ST</sup> CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Area Code & Phone (home/work) \_\_\_\_\_

**2<sup>ND</sup> CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Area Code & Phone(home/work) \_\_\_\_\_

**3<sup>RD</sup> CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Area Code & Phone(home/work) \_\_\_\_\_

**Is your child on regular medication? Yes No If yes, please complete the next line.**

**Name of medication** \_\_\_\_\_

If your child requires medication at school (including over the counter medications) it is your responsibility to contact the School office and have the appropriate forms completed by your physician.

**Specific Health Problems:** \_\_\_\_\_

Ex: diabetic, allergies, bee sting allergy, asthma, epilepsy, etc.

Name of Doctor \_\_\_\_\_ Telephone \_\_\_\_\_ Hospital Preferred \_\_\_\_\_ City \_\_\_\_\_

In the event you cannot be reached and your child needs medical attention, the school will see that your child is cared for, but all financial costs are the responsibility of the parent or guardian. If illness or injury does not appear to be severe, we will contact one of the above contacts to care for him/her.

Signature of Parent or Guardian \_\_\_\_\_