



Transportation Program
2015 – 2016

STUDENT EMERGENCY INFORMATION

Is anyone legally restricted from being in contact with your child? Yes No

If yes, who? _____
(Place legal documentation in Family File)

| | | |
|--|----------------------------------|------------------------|
| | Child's Name (Last, First) | |
| | Birth Date (Child) | Center |
| | Home Address | |
| | Parent/Guardian 1 | Relationship |
| | Parent/Guardian Primary Language | |
| | Phone # (Home) | Phone # (Message/Cell) |
| | Parent/Guardian 2 | Relationship |
| | Phone # (Home) | Phone # (Message/Cell) |
| | Daycare Provider | |
| | Daycare Contact Name | Daycare Phone |
| Medical Emergency Contact Name (Last, First) | Relationship to Child | Phone |
| Child's Doctor | Phone # (Doctor) | Hospital Preference |
| List Medications (if any) | Medical Problems/Allergies | |
| Special Circumstances: | Date of last DPT | Number of Last DPT |
| Name of Insurance Company | Insurance ID # | |
| Child's Dentist | Phone # (Dentist) | |

I hereby give permission for my child's photo to be on file with the PSESD Transportation Program.

I hereby give permission that my child may be given emergency treatment to include first aid and CPR by a qualified staff member. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular health care provider, or when that health care provider cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted.

I also give permission for my child to be transported by ambulance, aid car or the above named alternate persons to an emergency center for treatment. If my child becomes ill or injured at ECEAP/Head Start and I or the above mentioned alternates cannot be reached or provide transportation for my child, I give permission for my child to be transported home as usual by school district or ECEAP/Head Start transportation.

Signature of Parent/Guardian _____ Date _____ Signature of Interpreter _____ Date _____