

**EVANSVILLE DAY SCHOOL  
EMERGENCY PROCEDURE INFORMATION 2011-2012**

	<u>Student Name(s)</u> (last name, first name, middle name)	<u>Date of Birth</u>	<u>Grade</u>	<u>Social Security #</u>	<u>Any Known Allergies</u>	<u>Ethnicity</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

Names and birth dates of children not attending EDS \_\_\_\_\_

Please describe any changes in your child's health that would affect school activity, and provide information for an attending physician for emergency treatment. Please include fractures, allergies, operations, and other medical problems.

Student name: \_\_\_\_\_

Student name: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_  
(first and last name)  
**STREET ADDRESS** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_  
(first and last name)  
**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME #** \_\_\_\_\_ **CELL#** \_\_\_\_\_

**HOME #** \_\_\_\_\_ **CELL#** \_\_\_\_\_

**PLACE OF EMPLOYMENT** \_\_\_\_\_

**PLACE OF EMPLOYMENT** \_\_\_\_\_

**WORK#** \_\_\_\_\_

**WORK#** \_\_\_\_\_

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

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

In case of emergency, contact parent or guardian at: \_\_\_\_\_

In case of emergency, contact parent or guardian at: \_\_\_\_\_

If parents cannot be reached, call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ Phone: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

If parents are not living together, additional information must be provided by completing the Parent/Guardian Information form to be provided upon request.  
\*\*\*\*\*

In the event all reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment necessary by a licensed physician or dentist, and
2. The transfer of the student to the above or any hospital reasonably accessible.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**THIS FORM MUST BE COMPLETED, FRONT AND BACK, IN ITS ENTIRETY AND RETURNED TO EDS AS SOON AS POSSIBLE, BUT NO LATER THAN AUGUST 15, 2011. THANK YOU.**

**BLANKET PERMISSION SLIP**

Each parent is asked to complete a "blanket permission slip" for the entire 2011-2012 academic year. A notice and time schedule for each trip will be sent home at the appropriate time. This alleviates the concern about returning permission slips for all of our individual trips.  
(Please write first and last names.)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
has/have my permission to travel with his/her Evansville Day School class on all field trips during the 2011-2012 school year.

I do understand and acknowledge that the insurance held by the driver of the car is the primary insurance in case of any claim. This relates to all situations where a student may be riding or driving, such as field trips while in the care of Evansville Day School. Teachers are required to send you notification of a field trip in advance as a point of information.

\_\_\_\_\_  
Parent Signature

**STUDENT DRIVING PERMISSION 2011-2012, GRADES 8 - 12**

Students' Name(s) \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
My son/daughter has my permission to drive to school:	_____	_____
My son/daughter has my permission when legally eligible to transport other students who have riding permission forms:	_____	_____
My son/daughter has my permission when legally eligible to ride with another student who has permission from his/her parents to transport students:	_____	_____
My senior/junior son/daughter has my permission to leave campus for lunch on appropriate days.	_____	_____

Parent's Signature \_\_\_\_\_

**GRANDPARENTS' INFORMATION SHEET 2011-2012**

<u>Grandparents</u>			<u>Grandparents</u>		
Name _____			Name _____		
Address _____			Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Phone _____			Phone _____		

**THIS FORM MUST BE RETURNED TO THE SCHOOL  
NO LATER THAN AUGUST 15, 2011.**