

GETTYSBURG AREA SCHOOL DISTRICT EMERGENCY FORM

(Please Print Using Proper Names)

Teacher _____
Bus AM# _____ PM# _____

Name of Student _____
(Last) (First) (Middle)

Home Phone _____
Mother Cell # _____
Father Cell # _____

Address _____
(Street) (City) (State/Zip)

Sex: Male () Female ()
Birth Date ____/____/____

Please check which applies

Child Resides with () Natural Parents () Mother () Father () Guardian () Step-Mother () Step-Father

Circle which applies

Name of Mother/Step-Mother/Guardian _____ In household Yes () No ()

Employer of Mother _____ Employer Phone # _____

E-Mail Address _____

Circle which applies

Name of Father/Step-Father/Guardian _____ In household Yes () No ()

Employer of Father _____ Employer Phone # _____

E-Mail Address _____

Other Children in Family _____

EMERGENCY INFORMATION - Alternate persons to be notified who can provide transportation if needed

Name _____ Address _____ Phone # _____

Relationship to Student: _____ Cell # _____

Name _____ Address _____ Phone # _____

Relationship to Student: _____ Cell # _____

Name _____ Address _____ Phone # _____

Relationship to Student: _____ Cell # _____

If applicable: Day Care/Babysitter _____ Phone # _____
(Name) (Address)

Father/Step-Father/Legal Guardian's Signature _____ Date _____

Mother/Step-Mother/Legal Guardian's Signature _____ Date _____

Routine in case of major illness or accident: In all cases the welfare of the child will be first consideration.

- 1) Parent will be contacted.
- 2) If this fails, family doctor may be called.
- 3) In the event neither the parents nor the family doctor can be contacted, the student will be taken to the nearest hospital and, if necessary, 911 will be called.

IF ANY PARENT DOES NOT AGREE WITH THIS PROCEDURE HE/SHE MUST NOTIFY THE SCHOOL AND SUBMIT AN ALTERNATE PLAN FOR THE CARE OF HIS/SHER CHILD IN WRITING.