



The Phoenix School

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phoenixschool.org

EMERGENCY INFORMATION

2010-2011

Name of Student _____ Phone # (____) _____ - _____
Address _____ Place of birth _____
City/Town _____, MA _____ Date of birth _____

Parent's name _____
Address _____
City/Town _____, MA _____
Telephone # (____) _____
FAX # (____) _____
Cellular phone # (____) _____
E-mail _____

Parent's name _____
Address _____
City/Town _____, MA _____
Telephone # (____) _____
FAX # (____) _____
Cellular phone # (____) _____
E-mail _____

Occupation _____
Place of employment _____
Address _____
Business Phone # (____) _____
FAX # (____) _____
E-mail _____

Occupation _____
Place of employment _____
Address _____
Business Phone # (____) _____
FAX # (____) _____
E-mail _____

Physician's name _____
Telephone # (____) _____

Dentist's name _____
Telephone # (____) _____

Person(s) who have agreed to care for child in case of parent/guardian cannot be reached:

Name _____ Address _____
Home. # (____) _____ - _____ Bus/cell/other. # (____) _____ - _____

Name _____ Address _____
Home. # (____) _____ - _____ Bus/cell/other. # (____) _____ - _____

IN CASE OF EMERGENCY: I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission for my child to be treated at the nearest hospital.

Signature of parent/guardian _____
Medical Insurance/Policy #: _____ Dental/Policy# _____

MY CHILD HAS HAD OR CURRENTLY HAS THE CONDITIONS CHECKED BELOW:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Tonsilitis | <input type="checkbox"/> Diptheria | <input type="checkbox"/> Chicken pox |
| <input type="checkbox"/> Infantile paralysis | <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Ear infections |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Sleep-walking | <input type="checkbox"/> Sinus infections |
| <input type="checkbox"/> Head lice | Other _____ | |

Please list your child's current body weight _____ lbs. and height _____' _____"

Allergies _____

SPECIAL NOTICE-e.g. Medic Alert _____

Other pertinent medical information/restrictions/diet: _____

MY CHILD MAY BE GIVEN TYLENOL: ____ YES ____ NO Advil: ____ YES ____ NO

FIELD TRIP PERMISSION STATEMENT:

I understand that my child will go many places as part of his/her studies and sports programs. Providing these trips are properly supervised, I give my child permission to walk or go by public transportation, private car, train, boat, bus, or plane. I understand if I am not comfortable with the transportation arrangements made by the school, I will transport my own child(ren).

Signature of Parent/Guardian

Date

My child may go on errands in the downtown with a responsible child. ____ YES ____ NO

This is part of learning how to manage the real world around our neighborhood. It is not dangerous.

My child's photograph may be used for public relations purposes by The Phoenix School, and in other situations approved by the school. _____ YES _____ NO