

# RAYMOND SCHOOL DISTRICT EMERGENCY INFORMATION 2008-09

Student Name	Birth Date	Ethnic Background	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address	City	State	Zip	Phone
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Home E-mail	Mom's Cell Phone	Dad's Cell Phone
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Father's Name	Father's Workplace	Work E-mail	Work Phone
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Mother's Name	Mother's Workplace	Work E-mail	Work Phone
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Student lives with:  Both Parents  Mother  Father  Guardian

If parents can not be reached when child is ill or in an emergency, please notify: *(this is also permission for named person to pick up your child from school if necessary)*

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Family Physician	Phone	Hospital Preference	City
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Insurance Company	Group #
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In the event I can not be reached in an emergency, I hereby authorize the school principal or teacher to call physician named above. I also authorize emergency first aid treatment. \*\* Parent or Guardian is responsible for emergency medical treatment and expense.

\_\_\_\_\_  
Parent signature

Please list any conditions your child(ren) may have. (Asthma, seizures, allergies, etc.)

Child's Name	Conditions...
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Child's Name	Conditions...
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I authorize disclosure of student's medical condition to appropriate personnel. (principal, teacher, nurse, emergency, etc.) \_\_\_\_\_  
Parent signature

Sibling	Birth Date	Sibling	Birth Date
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Sibling	Birth Date	Sibling	Birth Date
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\*\*\* You are responsible for updating this emergency card with any changes that occur throughout the school year.

Please complete other side

# TRANSPORTATION /SNOW EMERGENCY PERMISSION SLIPS

This form is a general permission slip with will be kept on file at school.

**\*\* Student use of bicycles\*\*** The Board of Education will not permit the use of skateboards, rollerblades, scooters, or any other similar devices for travel to and from school during school hours by students as an assumption of responsibility on the part of those students, a responsibility in the care of property, in the observation of safety rules, and in the display of courtesy and consideration of others. The Board of Education recognizes that a parent may grant permission for their child to walk or ride a bicycle to/from school. A parent permission form must be completed prior to student walking or riding a bicycle to/from school.

The Board will permit the use of bicycles by students on school grounds after 3:30 p.m. The Board will **not** permit the use of skateboards on school property at any time.

Please circle the letter of each of the items below that apply to your child(ren):

- A.** My child may WALK to /from school.
- B.** My child may ride his/her BIKE to/from school
- C.** My child may STAY AFTER SCHOOL TO PLAY on the playground after school. (no skateboarding, skating, rollerblading, scooters, etc.)
- D.** NONE of the above

**A B C D**

\_\_\_\_\_

Child's name

\_\_\_\_\_

Teacher

**A B C D**

\_\_\_\_\_

Child's name

\_\_\_\_\_

Teacher

**A B C D**

\_\_\_\_\_

Child's name

\_\_\_\_\_

Teacher

**A B C D**

\_\_\_\_\_

Child's name

\_\_\_\_\_

Teacher

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

## EMERGENCY SCHOOL CLOSING

On an emergency school closing day, my child will go:

A. Home \_\_\_\_\_

B. Other (must be on student's bus route):

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Date: \_\_\_\_\_

Please Note:

Kid's Korner is an after-school program and cannot be listed as an emergency drop-off location.