

Andes Central School

Emergency Information / Authorization

Student's Name: _____

If my child has to be taken home because of minor illness and I cannot be reached, please call:

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Type (home,work,cell)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In an **Emergency** when the school cannot reach me, I authorize the school to call:

Doctor _____	Phone _____
Dentist _____	Phone _____

If the medical provider named above cannot be reached, please have my child transported to the nearest emergency room, by ambulance if necessary. I realize that the school district does not assume the responsibility for the payment of medical fees or expenses incurred.

If school is closed early in the day for an emergency, such as snow storms and power outages, I have made the following arrangements:

This information will be shared with other school staff members on a need to know basis.

Parent Signature _____ Date _____