



STUDENT EMERGENCY INFORMATION
MONTPELIER ELEMENTARY SCHOOL

Student's Last Name, First Name, Middle Initial, Teacher/Grade, Date of Birth, Primary Language Spoken in Home, Student is a Walker, Bus Rider on Bus number, AM, PM, Student Resides with: Both Parents, Father, Mother, Legal Guardian, Other (specify), Student's Street Address, City/State/Zip, Mother/Female Guardian, Email address, Work Telephone Number, Home Telephone Number, Cell Telephone Number, Father/Male Guardian, Email address, Signature of Parent/Legal Guardian, Date

If, in the event of an emergency, the parent/guardian is unable to pick-up a student, up to two (2) people may be designated to pick-up your child. Please complete the following requested information for each designated person. (Designated person MUST HAVE A PHOTO IDENTIFICATION - Driver's license, work ID, military ID, etc.). The student will not be released to any person other than those listed below.

1. Designee's Last Name, First Name, Place of Employment (If applicable), Work Telephone Number, Home Telephone Number, Cell Telephone Number
2. Designee's Last Name, First Name, Place of Employment (If applicable), Work Telephone Number, Home Telephone Number, Cell Telephone Number

MEDICAL INFORMATION

Student's physician: Telephone: Health Insurance/HMO: Policy # Medical conditions for which student receives continuing care: Medications and dosages student takes on a continuing basis: Allergies: (Please list any food, medicines, insects, etc) Heart problems, seizures, or other significant medical problems: Note: In an emergency, your child will be taken to the nearest hospital. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges. Your signature on this form does not give the hospital permission to treat your child. The state of Maryland and the Prince George's County Public School system require periodic screenings for vision, hearing, head lice & scoliosis. May this student participate in the required screenings? YES NO My child has permission to participate in field trips YES NO

Signature of parent/guardian Dated:

Distribution: Office/White Classroom/Yellow Health Room/Pink