

## **5125.1**

### **Students**

#### **Emergency Contact Information**

The Manchester Board of Education requires a record of emergency contact information parents/guardians or other persons designated by parent or in the event of an emergency involving their child. The Board requires parents and guardians to annually provide accurate and timely information about those designated to be contacted in the event of such emergency.

Emergency contact information can be updated electronically through the district website or in person in any school in the district. The emergency contact information will automatically be updated in all school records for any child of the parent attending the Manchester Public Schools.

When parents do not provide accurate and timely information, a letter will be sent to them from the building administrator indicating to them that such information constitutes a condition for attending the Manchester Public Schools. The letter should indicate that failure to update this information may jeopardize the safety of their children. Should the information not be provided within a period of two weeks of the initial notification, a second letter shall be sent by the building administrator indicating that the administration no longer takes responsibility for inaccurate emergency contact information.

Legal Reference: CT General Statute 10-186

Adopted: April 10, 1989

Revised: May 12, 2003

Revised: March, 2014

Revised: June 9, 2014

(PLEASE PRINT)

Student's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle name) \_\_\_\_\_

STUDENT EMERGENCY CARD

School Year \_\_\_\_\_ School \_\_\_\_\_ Grade/Team \_\_\_\_\_

To Parent or Guardian:

Please complete both sides of two cards for each student. White card will be filed in school office and the blue will be filed with the School Nurse. Information on this document will be shared with the transportation company and emergency personnel as needed.

Student's Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_

(Circle ) Male Female

The following information MUST be on file in case of accident, illness or other non-medical emergency.

Student resides with: (circle) Mother Father Both Parents Guardian Other

1. Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian DOB \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

Phone/Beeper (\_\_\_\_) \_\_\_\_\_

Father/Guardian Employed at: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian DOB \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

Phone/Beeper (\_\_\_\_) \_\_\_\_\_

Mother/Guardian Employed at: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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\_\_\_\_\_

For School Use Only: Student I.D. # \_\_\_\_\_ Pentamation updated:

\_\_\_\_\_

In case parent/guardian cannot be reached, the school may contact and, if necessary, release the child to:

1. Name \_\_\_\_\_ Home  
Phone (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Work  
Phone (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Home  
Phone (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Work  
Phone (\_\_\_\_) \_\_\_\_\_

Describe any specific medical condition you are aware of that may require emergency treatment, such as allergies, seizures and asthma.

List all medications:

\_\_\_\_\_

Is your child able to verbalize these medical problems? Yes/No

Family Physician: \_\_\_\_\_

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

Date of Last Appointment: \_\_\_\_\_

In case of an accident or serious illness, the school will attempt to contact me. If the school is unable to reach me, I hereby authorize the school to contact our physician and to follow his or her instructions. If unable to contact our family physician, I understand my child will be transported to the nearest hospital for emergency care and treatment.

I have received a copy of my child's Parent/Student Handbook and I understand the policies and procedures regarding medical, e.g. (accident or illness) and non-medical, e.g. (transportation, discipline). I have reviewed this document with my child. I understand it is my responsibility to update the school on information changes and new telephone numbers.

\_\_\_\_\_

Stem Card 8/03 Parent/Guardian Signature; Date