

CARSON CITY SCHOOL DISTRICT
Emergency Information Form
And Parental Permission for Field Trips and Other Activities

(This form must be filled out completely for each student.)

Student _____ Address _____

Home Phone _____ Grade _____ Teacher _____ Birthdate _____

Mother / Guardian's Name _____ Work Phone _____

Father / Guardian's Name _____ Work Phone _____

Last School Attended _____ City / State / Zip _____

Has this student previously attended Carson City Schools? Yes _____ No _____

If my child becomes ill or injured at school and I cannot be reached, call:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

In the event of an accident / illness affecting my child requiring attention by a physician and I cannot be reached, please contact our family physician:

Dr. _____ Phone _____ Dr. _____ Phone _____

My child has the following special health problems, medication/other allergies, considerations:

In all cases of emergency, accident or other injury the School District will attempt to notify the parent immediately and/or contact the family doctor; however, there are times when parents cannot be reached and the family doctor is not available. Should this occasion arise, we, the school and administration, need your permission to proceed in a manner which we feel to be in the best interest of your child (for example: transportation to hospital emergency room).

Permission Granted: _____
Parent / Guardian Signature Date

The School District requires your consent for your child to attend various field trips of activities during the school year. You will be notified in advance of any field trip or activity planned for your child's class. Please sign below indicating your consent.

I hereby give my consent for _____ to attend all field trips or activities during the current school year.

Parent / Guardian Signature Date