

Ledyard Charter School

School Year _____

Emergency Information Form (must be completed by parent/ guardian)

Student's Name _____ Grade _____ Birth date _____

Home Phone # _____ Residence _____

Mother's Name and Address _____

Father's Name and Address _____

Guardian's Name and Address _____

Daytime Phone #: Mother _____ Father _____ Guardian _____

Cell#: Mother _____ Father _____ Guardian _____

Does the school need custody documentation? Yes _____ No _____

Please identify two responsible adults who we may call if you can not be reached:

Name _____ Phone _____

Name _____ Phone _____

Since the last school year has your child received:

Physical Exam (date _____ Tetanus Shot (date) _____ Second MMR (date) _____

Any other immunizations (date) _____ Please submit documentation.

Medical History: Does the student have any of the following? (Please Specify)

Allergies _____ Ear/Hearing Problems _____

Asthma _____ Eye/Vision Concerns _____

Bee Sting Sensitivity _____ Cardiac/Heart Problem _____

Other _____

CURRENT MEDICATION: Please list all medications student currently takes:

Does your child have insurance coverage? Yes _____ No _____

Name of insurance carrier _____ Group # _____

Dental Coverage Y/N Dentist _____
(Name) (Address) (Phone)

Name & Phone # of student's physician (in case of emergency) _____

I give permission for the school administration to share this information to Ledyard Staff members on a need to know basis.

I give the school permission to carry out emergency care and life saving procedures in the event that parent/guardian cannot be reached.

Signature Parent/Guardian _____ Date: _____