

Request for Emergency and Health Information

School Name: _____ Date: _____

PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. Please print clearly. Whenever there is a change in this information, immediately notify the school in writing.

Student ID# _____ Last Name _____ First Name _____ Middle Name _____ Homeroom # _____
 Birth Date (mm/dd/yyyy) _____ Student Home Address _____ Student Home Phone # _____

Confidential Information Box 1

Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box if you are living:

in an abandoned apartment/building
 in a car/park/other public place
 in a hotel/motel
 in a residence of other individuals or family
 in a shelter
 in a temporary foster care placement

Note to School: If any box is checked, see the CPS Education of Homeless Children and Youth Policy (702.5).

Parent/Guardian and Emergency Contact Information: Add extra contacts on the back of this form, if needed.

| | Parent/Guardian Contact | Parent/Guardian Contact |
|--|-------------------------|--|
| Contact Name | | |
| Relationship to Student | | |
| <i>Check all that apply:</i> <input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup | | <input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup |
| Home Address, if different from student's | | |
| Home Phone Number, if different from student's | | |
| * Cell Phone Number | | |
| * Email Address <i>*reply N/A if not available</i> | | |
| Name and Address of Employer | | |
| Work Phone Number | | |

List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:

Name _____ Home Address _____ Telephone # _____ Relationship _____

Confidential Information Box 2

Is there a current Order of Protection or No Contact Order which concerns this student? Yes No

Note to School: If "Yes" is checked, please follow the procedures of CPS Policy 704.4. Enter the information into the *Legal Alert* field and update contact information, as needed, in SIM.

Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

Student Health Insurance: (select only one of the three)

- Illinois Medical Card/All Kids:** provide student's medical ID # _____ (9-digit number located on back of card)
- No Insurance:** are you interested in applying for the Illinois Medical Card/All Kids? Yes No
- Private/Employer Health Insurance:** no additional information needed

I certify that the information on this form is correct.

(Parent/Guardian Signature)