

Emergency/Disaster Information Release Form
*This Emergency Form goes with paramedics in case of an emergency
 and assists school staff when administering medical assistance*

STUDENT INFORMATION

| | | | |
|--------------------------|-------|-----------|--|
| Name _____ | | | Grade (In Fall) _____ |
| Last | First | Middle | Birthdate _____ |
| Address _____ | | | Telephone (____) _____ |
| City _____ | | Zip _____ | Home Email Address _____ <i>For important School information/RenWeb</i> |
| Church affiliation _____ | | | |

Insurance Co & ID # _____ Physician _____

Physician Phone No. _____ Blood Type _____

Special Medical Needs/Allergies:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Fish and Shellfish | <input type="checkbox"/> Other Nuts |
| <input type="checkbox"/> Uses Inhaler | <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Uses Epi Pen |
| <input type="checkbox"/> Uses Nebulizer | <input type="checkbox"/> Wears Contact Lenses/glasses | <input type="checkbox"/> Eggs | <input type="checkbox"/> Other Allergies |

Daily Medications: *(This is very important in the event that emergency medical services are required)*

CONTACT INFORMATION

| | |
|---|--|
| (Circle) Dr. / Mr. _____ Father's Name or Male Legal Guardian (Relationship) _____ Address (If different from applicant) _____ City _____ State _____ Zip _____ Home Telephone _____ Cellular Phone _____ Email _____ Business Telephone _____ Business / Profession / Employer _____ | (Circle) Dr. / Mrs. / Ms. _____ other's Name or Female Legal Guardian (Relationship) M _____ Address (If different from applicant) _____ City _____ State _____ Zip _____ Home Telephone _____ Cellular Phone _____ Email _____ Business Telephone _____ Business / Profession / Employer _____ |
|---|--|

Please give us as much detailed information you believe we need to know about your child's health.

PICK- UP / EMERGENCY CONTACTS

List the names of FOUR alternates to whom your child may be released if the school is unable to contact the parents. They should be locally available and able to transport the child. In case of accident, illness, earthquake or other disaster, I authorize Harambee Preparatory School to release my child to the following adults if the school is unable to contact me.

I understand that the school may be unable to contact me to tell me that my child has been released to one of the persons listed below. I agree to notify these people as to their responsibility to act in this capacity.

I release Harambee Ministries and its agents and employees from all liability which may attend, release or non-release of my child in accordance with this authorization

Please list in order of preference:

Name _____ Relationship _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Cell Phone

Name _____ Relationship _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Cell Phone

Name _____ Relationship _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Cell Phone

Name _____ Relationship _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Cell Phone

Student will be released only to alternates you have listed. If a change of alternate is desired, please notify the office in writing. PLEASE KEEP INFORMATION CURRENT!

If a parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of HARAMBEE PREPARATORY SCHOOL to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower the representative or official of the school to give consent for such treatment as the physician may deem advisable.

Signatures of both parents needed:

Signature of (mother) or (female guardian) _____ *Date*

Signature of (father) or (male guardian) _____ *Date*