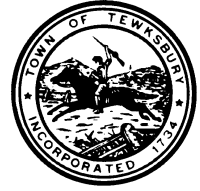


# Tewksbury Public Schools

## Accident Illness Form



### To the Parents/Guardians of School Pupils:

In the case of accident, illness, or other emergency, school principals must be able to locate the parent or some other person who will care for the child. We must have on file the names and phone numbers of two other persons who may be called to pick-up the child if the parents cannot be reached. Please provide the information requested below and then return this form to the school promptly. Thank you for your cooperation.

Pupil's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Lives with Parent listed: Y \_\_\_ N \_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Lives with Parent listed: Y \_\_\_ N \_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Is there a court order in place that prohibits the release of your child to another adult? Y \_\_\_ N \_\_\_

*If yes please attach a copy of it to this form.*

### Name of two persons who may be called to take care of the child in the absence of the parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

May we have permission to contact the child's primary care provider? Y \_\_\_ N \_\_\_

Please list your child's **current** health issues \_\_\_\_\_

Does your child have life threatening allergies? Y \_\_\_ N \_\_\_ If yes, to what? \_\_\_\_\_

Medication allergies \_\_\_\_\_

Some medical information, especially diabetes, food allergies, asthma and others may need to be shared with supervising adults (such as bus drivers, lunchroom staff, teachers and specialists) who will be responsible for your child's safety.

Are there any restrictions to our sharing this information? Y \_\_\_ N \_\_\_

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***Please notify the school of any changes in the above information***

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***Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_