

# Community School Emergency Information 2022

Please print clearly & sign on reverse side. Put NA if item does not apply.

Child's Information			
Child's Name		Nickname	
Date of Birth	Sex	Age	Weight
Diagnosed allergies ( <b>Attached Allergy Information Form required</b> ):			
Food intolerances/dietary restrictions:			
<b>List all medications</b> currently being taken, including dosage and frequency. Please update the school throughout the year of any medication changes. ( <b>This information is vital for your child's safety in emergency situations!</b> )			
List any chronic physical problems, diagnosed developmental delays, special accommodations needed or other conditions of which the school should be aware, including eyeglasses and contacts:			
Parent/Guardian Information			
Parent/Guardian's Name		Primary/Cell Phone	Secondary/Work Phone
Full Home Address		Employer	Occupation
Parent/Guardian's Name		Primary/Cell Phone	Secondary/Work Phone
Full Home Address		Employer	Occupation
Who has legal custody of this child? Joint Parental <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian(s) above <input type="checkbox"/> Other <input type="checkbox"/>			
If other, name of individual or agency:		Phone	
Full Address			
If parents are separated or divorced or do not have custody, please explain any current custodial/visitation arrangements of which the school should be aware:			
If stepparents, grandparents or other individuals are involved in regular caregiving, please provide names and relationships:			
Emergency Contact Information			
<b>(Two local emergency contacts other than parents/guardians listed above. All fields must be completed!)</b>			
Name of child's physician		Phone	
Health insurance company and policy #			
Name of primary local emergency contact & relationship to child		Phone	
Street Address	City		Zip

Name of secondary local emergency contact & relationship to child		Phone
Street address	City	Zip

### Authorized Pick Up/Carpool Information

Person(s) authorized to pick up your child in addition to parents/guardians and emergency contacts, including carpool arrangements:

Person(s) **NOT** authorized to pick up your child:

### Parent/Guardian Authorizations and Agreements

1. Community School agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agrees to arrange to have the child picked up **as soon as possible** if so requested by the school.
2. The parent/guardian agrees to contact Community School within 24 hours or the next business day if any of the immediate household members have been exposed to a reportable communicable disease.
3. The parent/guardian authorizes Community School to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.\*
4. I agree to allow my child to participate in any field trip sponsored by Community School and fully relieve the school of any legal liability that may arise during the trip. I also agree to pick up my child at the field trip site if deemed necessary by the school due to my child's misconduct while on the field trip.
5. I understand that Community School's Family Handbook, which includes the notification of parents' and students' rights under The Family Educational Rights and Privacy Act (FERPA), can be found on the school's website [www.communityschool.net](http://www.communityschool.net). My family is responsible for the guidelines set forth in the handbook. I understand that updates to the Family Handbook are announced in Community School's weekly e-newsletter Quick Notes.
6. I understand that the Strawberry Festival is Community School's major annual fundraiser and that each parent/caregiver is required to volunteer twelve (12) hours toward the festival.
7. Other: [Click here to enter text.](#)

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**Signature of Custodial Parent or Guardian**

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**Date**

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Signature of Community School Administrator

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Date

\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

# Community School

## Student Allergy Information Form 2022

*Use this information in conjunction with the child's **Medication Authorization Form** and any action plan from the child's physician for specific information to be used during an allergy episode. Keep this form attached to child's **Emergency Information Form**.*

Child's Name	Date of Birth
Parent/Guardian's Name	Emergency Phone Numbers
Parent/Guardian's Name	Emergency Phone Numbers
<p>List each diagnosed allergy with the date of the most recent reaction, severity of the reaction (mild, severe, life threatening), and a description of symptoms. Use back of form if more space is needed.</p> <p>1.</p> <p>2.</p> <p>3.</p>	
<p>Known Triggers (list allergens that apply to each type of exposure):</p> <p>Consumption</p> <p>Physical Contact</p> <p>Inhalation</p> <p>Other Comments</p>	
<p>Do this child's allergic reactions require administration of a medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Epinephrine auto-injector? Yes <input type="checkbox"/> No <input type="checkbox"/> Other medication?</p> <p><i>The student's epinephrine auto-injector will be kept in one location on campus and will travel with the child off campus unless otherwise directed by the child's physician and/or parents.</i></p> <p><i>If this child has an epinephrine auto-injector and/or requires administration of a medication in case of exposure, you must provide the school with a <b>Medication Authorization Form</b> and an <b>Action Care Plan</b> completed in conjunction with this child's physician. The school will provide you with these forms.</i></p>	
<p>If this child does not have an epinephrine auto-injector and does not require administration of any medication in case of exposure, please list his/her typical signs &amp; symptoms of reaction and any steps the school should take:</p>	
Parent/Guardian's Signature	Date

## CS BILLING & COMMUNICATION FORM 2022

*(Account and billing inquiries should be addressed to [kathys@communityschool.net](mailto:kathys@communityschool.net))*

Student(s):

All Parties Responsible for Payment:

- 1)
- 2)

Mailing Addresses:

- 1)
- 2)

Primary/Cell Phones:

- 1)
- 2)

Primary Email Address for Billing:

Additional Email Addresses for Other School Communications (alerts, Quick Notes, teachers, etc.):

- 1)
- 2)

Students' Primary Residence:

County or City

Zip Code

Public School(s) Your Child(ren) Would Attend: